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BEREAVEMENT FOLLOWING SUICIDE: A NARRATIVE STUDY

By

SIMON ANDREW NUTTGENS

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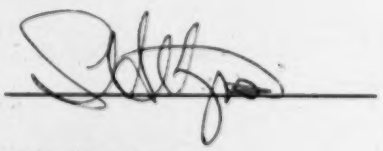

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Abstract

By nature human beings give meaning to their lived experience through the act of narration. Given the opportunity, those bereaved from suicide (survivors of suicide) narrate stories that encompass the profound experience they have lived through. Typically, however, this experience has been studied using methods that do not preserve the richness, integrity and contextualized meaning contained within the story. The present research preserves and renders accessible the intimate stories of four individuals each of who lost a family member to suicide. Data were collected through audio-taped unstructured interviews. Analysis of the four interviews revealed three primary stories: the story of self, the story of self in relation to the deceased, and the story of the deceased. By giving voice to the experience of surviving suicide through the preservation of the survival stories, the results of this study expand upon and clarify existing findings in the suicide bereavement literature. In doing so, this study lends credence to the use of narrative methodology for the study of suicide bereavement in particular, and human meaning systems in general.

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DEDICATION

For

Lives that have passed before their time.

And for

All those who continue to miss them terribly.

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... And when the weight of my undertaking seemed too much, it was your smile that lightened my load and carried me through.

~~~

To the four participants who shared your stories, my most heartfelt thanks. These pages that speak of unheard-of strength, courage, and compassion belong to you and the loved ones you have lost.
~~~

CHAPTER 1: INTRODUCTION

French existentialist Albert Camus stated in his classic essay *The Myth of Sisyphus* that the most important of all philosophical questions is the question of suicide. His idea was that by examining those for whom meaning in life has lost its pull, we might learn more about how life ought to be lived. Here, as has traditionally been the case, the focus is on the person who attempts or completes suicide. But what of those loved ones who are left behind in suicide's wake? Most often suicide is construed as an act of finality, however, for those who are close to the deceased -- family members, friends, and spouses -- theirs is an ordeal that has just begun.

Those who are bereaved from suicide have come to be known as survivors of suicide. Though this descriptive term is commonly used by both professionals and lay persons alike, it still causes some confusion. People think that surviving suicide refers to a person who has survived a suicide attempt, whereas in its popular usage, the term refers to those people who are bereaved from suicide. Cook and Dworkin (1992) recognize this problem and have suggested using the term "suicide survivor victim" as a replacement. To me, this definition connotes that the deceased intended to ill-treat the bereaved, a belief that I do not hold to be true. Thus, I acknowledge that the term suicide survivor is somewhat misleading, though I have yet to come up with a better alternative. Therefore, I will use it throughout this study and will broadly defined it as being anyone who has been affected by a loss due to suicide.

How many people actually fit this description it is hard to tell. Three thousand seven hundred and forty-nine Canadians committed suicide in 1994, which based upon Schneidman's (1972) conservative estimate that for every suicide six survivors are left behind, would mean that approximately 22, 000 Canadians became survivors of suicide that year. If we add to this amount the number of survivors from years past, one need not extend too many years back to produce a number of significant proportion. That suicide is a significant problem can easily be confirmed simply by picking at random any person and asking them if they or someone they know has been significantly affected by suicide. Far more times than not the answer will be yes.

The death of a loved one, regardless of mode of death, is most certainly a painful experience. Many books have outlined the grief process following the loss of a loved one ranging from Kübler Ross' (1969) classic *On Death and Dying* which espoused a stage model of grief, to Worden's (1982) more recent *Grief Counselling and Grief Therapy* which proposes a task model of bereavement. Historically, little attention has been directed toward understanding the specific features of bereavement following

suicide. In fact, up until Albert Cain's (1972) pivotal book *Survivors of Suicide*, the study of bereavement following suicide had been largely neglected. Since this time there has been a steady increase in the number of researchers involved in studying suicide bereavement, as well as an increase in the availability and variety of services for survivors.

One reasons why social science researchers look at suicide bereavement as a distinct area of study is because of the assumption that bereavement from suicide is qualitatively different from bereavement following other more common but less traumatic modes of death. Evidence supporting this assumption is found both in personal written accounts of the experience (e.g., Alexander, 1991; Bolton, 1984; Herbert, 1987; Pesaresi, 1987), and in published research findings (e.g., Dunn, and Morrish-Vidners, 1988; Van Dongen, 1990). Undoubtedly, some aspects of bereavement following suicide are the same or similar to those which follow any death, such as shock, denial, emotional distress, anger, and depression (Kübler-Ross, 1969). In addition to these general characteristics of bereavement, some of the more salient and agreed upon aspects of suicide bereavement include feelings of guilt, feelings of rejection, feeling stigmatized by the death, persistent questioning behaviour, and a person's own subsequent suicidal feelings (Wertheimer, 1991). This granted, there are some researchers who assert that the bereavement process following suicide is more similar to the bereavement process following other modes of death than it is different. This was the conclusion that McIntosh (1993) came to after reviewing control group studies of suicide survivors: "There are more similarities than differences between suicide survivors and other sudden death survivors such as by accidental death" (p. 158). Similarly, in his review of suicide bereavement compared to bereavement following other modes of death, Farberow (1991) concluded that "Comparison of bereavement in suicide with other modes of death have shown that for the most part the widely held idea of special aspects of bereavement in suicide is not true" (p. 265).

What is notable about the above mentioned reviews, is that both came to conclusions about the experience of surviving suicide looking only at research from the quantitative paradigm. It is my belief, that inherent to the quantitative research paradigm are methodological shortcomings that mitigate against finding meaningful variability among certain realms of human behaviour. One such realm of behaviour is that which accompanies suicide bereavement. In attempting to fit the complex experience of surviving suicide into preconceived quantitative categories, I believe that such research has failed to capture that which distinguishes and separates one experience of bereavement from another. Indeed I think it would be very difficult to develop a

research instrument that would validly capture the unique experience of suicide bereavement. For this reason I have turned to a qualitative research approach to gain a better understanding of the fullness of the experience of suicide bereavement. Qualitative studies have as their advantage the ability to build theory from the ground up. That is, data informs theory rather than the other way around.

The purpose of this research is to show how the various aspects of suicide bereavement are configured in the intact stories of people who have lost someone close to them to suicide. The key element in my approach will be the preservation of the suicide survivor's story such that the linguistic, temporal, and contextual richness of the story are not lost, but remain visible to the reader. To accomplish this I will follow a narrative methodological approach which is situated within the qualitative research paradigm. A narrative methodology is predicated on the belief that human meaning is by nature a storied meaning. That it is through narrative means that human beings put order and meaning to what they have experienced, and thus establish their self-identity (Bruner, 1990; Connelly and Clandinin, 1990; Sarbin, 1986). By using a narrative approach in this research, I hope to elucidate aspects of surviving suicide that, using other methodologies, may have been overlooked. The research question that will be addressed in this study is: What is the experience of bereavement following the suicide of a family member?

CHAPTER 2: LITERATURE REVIEW

The following review will critically examine literature pertinent to the experience of bereavement following the suicide of a family member. My review will draw mainly upon published research articles including both quantitative and qualitative studies. To present this material I have divided the literature findings into five general categories: psychosocial aspects of suicide bereavement, changes in interpersonal relationships that accompany suicide bereavement, cognitive and affective characteristics of suicide bereavement, bereavement resolution, and kinship difference in suicide bereavement. Following a discussion of these five areas, I will summarize the major findings, discuss methodological concerns, and then situate my own research within the existing body of literature. I begin by looking at psychosocial aspects of suicide bereavement.

The Psycho-Social Aspects of Suicide Bereavement

Disturbance in social relationships has been shown to be an immediate and enduring aspect of bereavement following suicide. Entire books such as Sprang and McNeil's (1995) *The Many Faces of Bereavement* have been devoted to the description of the social aftermath following the loss of a loved one to suicide. From a psychosocial standpoint, two general themes regarding the social consequences of suicide seem to stand out as almost universal for the bereaved: the experience of stigmatization following the death and a lack of norms by which to base socially appropriate grieving.

Historical attitudes toward those who commit suicide and the families they leave behind, foreshadow the present day experiences of survivors of suicide. From a Western European perspective, in historical times an act of suicide was an act of great shame and dishonour for both the deceased and their family. For the deceased, most often it meant the confiscation of goods and property, desecration of the corpse as a deterrent to others who might be contemplating suicide, and loss of the right to a normal burial. For the survivors, they would often be treated as an accessory to a crime, and would sometimes have to pay a fine or otherwise might choose to move away from their homes to escape disgrace (Colt, 1987). Today, those bereaved from suicide are affected by the remnants of these past attitudes.

A negative social appraisal of suicide follows from its neglected coverage within the popular media. Even though the suicide rate in North America is much higher than the homicide rate, death by homicide receives much more public media attention than does suicide (Pritchard, 1995). Evidence such as this supports the view that death by

suicide is commonly regarded as something to be ashamed of and, hence, kept away from public attention.

The stigmatizing nature of suicide is documented in social science research that has looked at the general population's perception of suicide. For example, in a study by Calhoun, Selby, and Walton (1986) it was found that compared to other modes of death such as traffic accident or leukemia, the survivor of a spousal suicide was viewed by adult members of the general public as being more to blame, as having a greater chance to have prevented the death, and as being more ashamed of the death. These authors concluded that negative appraisals from the general public may add to or complicate the already taxing bereavement process following suicide.

The experience of stigmatization among actual suicide survivors corroborates with the above-mentioned social perception research. A number of quantitative studies have found that suicide survivors report more experiences of stigmatization when compared to survivors of other types of death (Barrett and Scott, 1990; Range and Calhoun, 1990). Results from qualitative research studies also strongly support the finding that experiences of stigmatization are common among survivors of suicide, though it should be noted that in some research reports evidence of stigma is inferred on the part of the researcher. For example, in Dunn and Morrish-Vidners' study (1987) they, not the survivors, interpreted the failure of others to acknowledge the death as evidence of stigma. Similarly, Gyulay (1989) interpreted the tendency for parent survivors to question whether the death was actually a suicide as evidence of fears of stigmatization. Another common behaviour among survivors of suicide which has been used to indicate fears of stigmatization is the tendency to withhold or falsify information regarding the suicide. Van Dongen (1990) found that those bereaved from suicide will report being uncertain as to whether they should reveal their status as survivors, and if asked, how they should answer questions related to the death. Other studies (e.g., Range and Calhoun, 1990; McNiel, Hatcher, and Reubin, 1988; Range and Niss, 1990) have found a tendency among survivors to lie about the mode of the death, which again, may be suggestive of fears of stigmatization.

Kovarsky's (1989) research suggests that social isolation following suicide is indicative of stigmatization. Kovarsky's (1989) hypothesis was that parents of children who had died by suicide ($n = 31$) would experience more loneliness than parents who had died by accidental death ($n=21$). Though not significant at a .05 alpha level, a perusal of time since death plotted on a graph indicated that the parents of children who had died by accident were initially more lonely than the parents of children who died by suicide but that this trend reversed over time. Kovarsky explained this tendency toward

social isolation among the suicide survivors as the possible result of feelings of stigma, feelings of blame for the death, and as possibly due to other parents' fear of contagion.

Not knowing how one should behave in social settings following the death of a loved one to suicide also seems to be a common experience for suicide survivors. This absence of social norms for suicide bereavement is what Dunn and Morrish-Vidners (1987) refer to as normlessness. In their own study, Dunn and Morrish-Vidners (1987) found that not having a norm on which to base appropriate grieving was alluded to by one-third of the twenty-four survivors they interviewed. This finding has been obtained by other researchers such as Van Dongen (1990) who found that

> Survivors were uncertain about how they should behave in certain social situations. They questioned with whom they could safely talk and what they should reveal about the victim and the suicide. Survivors described their friends and relatives as often uncertain and uncomfortable when interacting with them (p.227).

Van Dongen maintains that the absence of norms for bereavement opens space for the possibility of discomfort, misunderstanding, frustration, and rejection. Further to this, it has been suggested that much of the loneliness and isolation that surrounds suicide survivors has to do with problematic attitudes toward death in our society coupled with the absence of socially acceptable outlets for bereavement (Dunn and Morrish-Vidners, 1987).

Interpersonal Aspects of Suicide Bereavement

A death of any type is a stressful event that often disrupts the normal patterns of relating among friends and family members of the deceased. Concerning the familial context, one of the most asked questions in the research literature is whether the suicide of a family member increases or decreases levels of support and cohesiveness within a family. Studies examined in this review suggest that family supportiveness following suicide may be the function of the time that has passed since the death.

In her grounded theory study of the experience of family members following a suicide, Van Dongen (1991) found that 86% of her participants (n = 35) reported increased family closeness compared to the time before the suicide had occurred. However, this closeness seemed to trail off after a couple of weeks as bereaved family members increasingly wished to avoid burdening other family members who they

perceived to be emotionally exhausted. Even still, the trend was for survivors to express great concern over how the death might be affecting other family members. The only exception to this trend was the finding of increased marital tension among married sibling survivors and married adult child survivors. Increased marital tension was not found among surviving parents, who described their spousal relationships as being positive and supportive with no one blaming the other for possibly contributing to the suicide.

In contrast to the above mentioned research, Dunn and Morrish-Vidners (1987) found in their qualitative study of suicide bereavement examples of withdrawal, poor communication, and blaming among the family members of the bereaved. The contradictory findings between this research and Van Dongen's (1991) study may be due to differences in the amount of time that had passed since the death. In Van Dongen's study interviews were conducted on average 5.8 months post suicide, and thus there would be a greater likelihood that the residue of initial outpouring of support would be fresh in their minds. Interviews in the Dunn and Morrish-Vidners study were conducted up to five years post suicide, and thus memories of initial outpourings of support could be obscured by subsequent family strife. This supposition is supported by an early study by Rudestam (1977) who used structured interviews to assess the physical and psychological responses to suicide among family members. Similar to Van Dongen's study, this research, which was conducted relatively soon after the suicide (6 to 8 months), failed to find any significant deterioration in family functioning following the death:

> At least within a six month period of time, it does not appear that relationships within the family have deteriorated or become destructive, but, if anything, the relationships may actually be straightened as values are reexamined and members share a common plight. (169)

In perhaps the only comparative study to examine differences in family functioning following various modes of death, McNiel, Hatcher, and Reubin (1988) used both questionnaire data and clinical interview data to assess family functioning among widows who had either lost their husbands to accidental death or suicide. The questionnaire data failed to expose any significant differences between the two groups in terms of family support. It was found that both groups perceived their family support networks to be functioning effectively. It was further noted that the ratings of family functioning by both groups were within a standard deviation compared to those of

nonclinical families reported in previous normative research. It is possible, however, that small sample size (n=13) may have contributed to low statistical power, resulting in the failure to find significant group differences. The clinical interview data also failed to discern clear differences in the amount of family support provided to survivors of suicide as compared to survivors of accidents, though the authors did report a trend for the survivors of suicide to be less satisfied with the amount of social support received. Though it would appear from looking at the clinical interview data that the widows from suicide did not have different experiences within their families than did widow survivors of accidents, it should be noted that the use of structured dichotomous questions in this research may not have allowed for differences in family relations to emerge that may have been present before the suicide. For example, participants were asked questions such as "Did your family provide enough emotional support following the death?". This question necessitates a yes/no answer with little opportunity for the participant to comment upon the nature of family support prior to the suicide -- it could be that this family has never been highly supportive of one another. To be more meaningful, questions needed to address before and after differences. It should also be noted that the lack of differences found in the clinical interview data were reported as quantitative measures, and hence it is possible that important differences that would only have been evident in a perusal of the qualitative description, were not attended to.

In addition to assessing the impact of suicide on family functioning, Dunn and Morrish-Vidners (1987) also looked at more general patterns of social interaction among survivors. In terms of feeling understood and accepted by others, there was a general theme of inappropriate and insensitive behaviour on the part of friends and acquaintances of the bereaved. Included were examples of others not responding at all when the suicide was mentioned, pretending that the deceased had never existed, not being able to relate to the sadness, negative attitudes toward the deceased, and, in some cases, a pressure to stop grieving. In general survivors reported that others tended to react to the suicide in "awkward and unfeeling ways" (p. 192). These troublesome experiences often brought about negative feelings such as resentment and anger toward the friends and acquaintances of the bereaved. An exception to this general pattern of insensitivity and neglect was the tendency of close friends to remain loyal and supportive to the grieving survivor.

Though it seems clear from Dunn and Morrish-Vidner's study that suicide survivors in many ways are not treated in a very helpful manner, it should be noted that not all of the participants in this study desired a great deal of interaction from others. A few of the survivors kept news of their loss to themselves, as if to protect others from

the knowledge of its occurrence. Dunn and Morrish-Vidners surmise that this behaviour may arise from an anticipation that others will feel awkward and not know how to respond appropriately.

An interesting question asked by the authors (i.e., What would the survivor have wanted to be different in others' treatment of them?) brought about a number of revealing answers. It was found that survivors would have liked a more sympathetic attitude from others, more initiative to reach out from others, more expression of feeling and emotion, more receptiveness to their needs, more sensitivity, honesty, openness, and support, and more availability and understanding from others. Only a few participants wished for improved professional services and increased education.

Cognitive and Affective Aspects of Suicide Bereavement

Many of the cognitive and affective grief reactions that accompany suicide bereavement are similar to those which accompany any form of bereavement. Those bereaved by suicide experience shock, numbness, disbelief, confusion, anger, and depression. In what follows I examine these common aspects of bereavement as they relate to suicide as well as discuss aspects of bereavement that seem to be unique or more intense among those bereaved from suicide.

In a particularly thorough qualitative study, Van Dongen (1990) used a grounded theory methodology to address the question: What is the lived experience of suicide survivors three to nine months following the suicide of a family member. The core variable identified in this study was that of "agonizing questions". All other findings were construed as related to this variable, including those found in the cognitive and affective domains. In the cognitive domain, survivors were seen as experiencing a tremendous amount of cognitive dissonance over the death. Cognitive dissonance arises when a person holds incompatible and competing ideas simultaneously:

> The fact that a family member had committed suicide was in direct conflict with the subjects' former beliefs about the victim, their family, and the world in general. They questioned: How can this be? Why did he or she do this? How could this happen to us? (p. 226)

This propensity toward an intense need to search for answers to supplant the dissonance was further evidenced in behaviour that centered around cognitive

reconstructions of the victim's life as a way of explaining the suicide. The authors also noted that it was the survivors who least anticipated the suicide that experienced the most intense forms of dissonance. This would seem to suggest that anticipation of the death may alleviate to some degree the strength of the impact. The tendency for survivors to search for information that would help explain the suicide has been documented in many accounts, so much that it may be considered a fundamental attribute of the suicide survivor grief response.

Other changes in cognitive functioning that suicide survivors in Van Dongen's study experienced included difficulty concentrating and decision making, as well as dreams and flashbacks related to the suicide. In another article, Van Dongen (1991) has likened the experience of suicide survival to the cognitive and affective components of posttraumatic stress disorder:

> Survivors' reports of recurrent and intrusive thoughts about death, dreams, increased arousal as evident through sleep disturbances, and difficulty concentrating, emotional anesthesia, social detachment, and irritability, sometimes to the point of aggressive behaviour, are all representative of posttraumatic stress disorder (PTSD). Descriptions by subjects of flashback episodes in which the survivor relived discovering the body are also consistent with PTSD. (p. 379)

An exception to this similarity is that, unlike the tendency in PTSD to avoid thoughts and stimuli associated with the traumatic event, suicide survivors seem to dwell on the suicide as they try to make sense of what had happened.

Emotional disturbances in Van Dongen's study were also looked upon as related to the core variable of agonizing questions. Initially such questions arose through feelings of shock and disbelief. Emotional states that accompanied shock and disbelief included confusion and rapid mood swings, yearning for the deceased, anger, guilt, shock, disbelief, fear, and depression. Anger amongst the survivors of suicide was most often directed toward the mental health system, health professionals, God, themselves, or the deceased. Similar to the finding that greater cognitive dissonance was associated with survivors who had not anticipated death, it was the survivors who expected the death to occur, or who had come to some sort of explanation of the death, who were less likely to report being depressed. For those who did report feeling depressed, their depression was characterized by apathy, fatigue, sleep disturbances, altered eating patterns, irritability, and intense feelings of emptiness and sadness. A

small number of participants reported having had thoughts of suicide themselves, though had dismissed such thoughts as they were aware of the devastating emotional effects such an action would have on family members. Reports of suicidal feelings among survivors has been documented in a number of studies, though at least in the literature reviewed for this paper, there is little evidence to suggest that survivors are prone to carry out such tendencies.

Many of the findings obtained in Van Dongen's (1990) qualitative study were also obtained in a qualitative study conducted by Dunn and Morrish-Vidners (1987) which examined the major psychological and social dimensions of suicide bereavement. Twenty-four survivors were interviewed all of whom had lost a loved one to suicide within five years of the research. The sample included seven spousal, seven parent, two child, and eight sibling survivors of suicide.

As was the case in Van Dongen's research, there was a strong tendency for the survivors in this study to invest a great deal of energy trying to explain the suicide. Though many of the participants in this study were able to formulate some sort of explanation for the death, such explanations were found to be intermixed with ambiguity as the survivors struggled to simultaneously provide a coherent explanation of the suicide and accept the reality of a "self-willed" death.

Unlike Van Dongen's findings, the suicide survivors in this study were much more likely to have been blamed for the suicide. Often it was the other family members, not friends or acquaintances on the outside, who did the blaming. Within families, parents were blamed more than other family members, and mothers were blamed more than fathers. Themes found in the blaming of parents included the identification of poor communication patterns, inadequate role modeling, and a tendency for parents to project their own personal problems onto their children. A variety of other individuals were targets of blame, including roommates, physicians, psychiatrists, and roommates, leading the authors to comment that: "In short, anyone who had been close to the deceased at the time of death appeared to be susceptible to blaming" (p. 185). It was suggested that blaming was helpful to the survivors because it allowed them to gain a sense of control in their lives and help deflect feelings of guilt and anger away from themselves to others. Rarely was it the deceased who was blamed. Instead most survivors appeared to be ambivalent toward the deceased, at least in so much that expressions of hostility were not directed his/her way.

The need to identify someone as being responsible for a suicide often leads the bereaved to conclude that it is they who are to blame, which in turn leads to feelings of guilt. Research suggests that guilt is a prominent feature of suicide bereavement. In a

particularly thorough comparative study, Miles and Demi (1992) sought to assess the frequency and source of guilt feelings among parents who had either lost a child to suicide, accident, or chronic disease. The data for this qualitative study were obtained through open-ended questionnaires sent out to mothers and fathers who identified themselves as bereaved parents. This sample included parents bereaved from the death of adult children. The questionnaire responses obtained for this study were analyzed using content analysis methods. An experience of guilt was considered to be present if parents responded affirmatively to any of the questions that implied self-blame, remorse, regret, repentance, culpability, fault, onus, or penitence.

In this study guilt was found to be a common experience among all parents (83%), however it was the suicide bereaved parents that reported the highest frequency (92%), followed by the accident bereaved parents (78%), and the chronic disease bereaved parents (71%). Based upon coding categories developed by the researchers in previous work (Miles & Demi, 1984; Miles & Demi, 1986), Miles and Demi compared the three groups of parents on the basis of six sources of guilt: death causation guilt, illness related guilt, child rearing guilt, moral guilt, survival guilt, and grief guilt. In their comparison of source of guilt it was found that parents whose children had died either by suicide or accident reported more causation and childrearing guilt, whereas the parents of children who had died by chronic illness (not surprisingly) were more likely to experience chronic illness guilt. This granted there were still a significant number of suicide bereaved parents (35%) who also reported illness related guilt as reflected in statements about not being able to adequately help their child cope with their emotional problems or not being aware of the intensity of their child's problems. Overall it was the parents bereaved by suicide who reported the most sources of guilt and claimed that guilt was the most distressing aspect of their grief. The findings of this study suggest that feelings of guilt are frequent and intense among parents bereaved by suicide as compared to parents bereaved by other modes of death, i.e., those bereaved by chronic disease.

Not all qualitative studies have found high instances of guilt among suicide survivors. For example, in Dunn and Morrish-Vidners' (1987) study in only eleven of twenty-four qualitative interviews did participants report feelings of guilt. It should be noted, however, that eighteen of the twenty-four participants, though not specifically reporting that they experienced guilt, did blame themselves in some way for the death and these participants tended to be independent of the eleven who had reported guilt. Thus, contrary to what the authors report, it is likely that many of the participants in this

study did in some way take responsibility for the suicide, but perhaps did not wish to name this as guilt.

Quantitative research by McIntosh and Wrobleski's (1988) found high levels of guilt among four different survivor kinship relationships (parent, child, sibling, and spouse), most often the tendency being to feel guilty about actions not taken as opposed to things that were actually done or said. These researchers did not find, however, significant differences in level of guilt among the four kinship groupings. Thus, in contrast to Miles and Demi's (1992) assertion that guilt is an especially prominent feature of parental suicide bereavement, McIntosh and Wrobleski concluded that "No evidence was obtained to support the contention of a more intense, difficult, or different grief among parents whose young child died by suicide" (p. 35).

Though not unanimous, evidence does support the assertion that there are some features of suicide bereavement that are either unique or more intense than those found in bereavement from other modes of death.

Bereavement Resolution

Despite evidence that there are features of bereavement unique to the loss of a loved one to suicide -- most of which might be considered burdensome in nature, research into the recovery process following suicide has not found appreciable differences between this and other types of bereavement. Reviewed below are two studies that, though they attest to this finding, should be regarded with caution because of serious methodological flaws.

Barrett and Scott (1990) addressed the question of suicide bereavement and recovery in their study of spouses who had lost their partner either to suicide, accidental death, unexpected natural death, or expected natural death. Using the Purpose-In-life-Test (Crumbaugh, 1968) as a determinant of recovery from grief, these researchers found no difference between the suicide survivor group and the other three groups of survivors two to four years after the death of their spouse. Nor did the authors find any differences in the results of structured interview questions that asked about present life satisfaction, employment, and relationship development. On the basis of this information the authors concluded that:

> Recovery from death is not solely determined either by type of death experienced or by grief reactions occasioned by the death. It appears that other factors

> besides mode of death and concomitant grief reactions significantly influence both the course of bereavement and the quality of resolution. (p.11)

Despite asserting quite confidently that grief resolution among survivors of suicide is no different from that of other modes of death, the results of Barrett and Scott's research should be heeded with caution. First, it is suspect that the authors did not provide a more thorough presentation of the Purpose-In-Life-Test results. It would have been helpful if a critical item analysis was performed so as to highlight notable differences in the individual responses of suicide survivors as compared to the nonsuicide bereaved controls. Furthermore, a thematic analysis of the participants' structured interviews responses, complete with verbatim examples of what was said, should also have been included. Doing this may have revealed the qualitative differences in the personal descriptions of bereavement recovery among the four groups of participants. Caution should also be exercise in regard to the test instrument used as there is no evidence to suggest that the Purpose-in-life-Test is a valid measure of bereavement recovery. One final caveat is that, though Barrett and Scott make quite general sweeping statements about the nature of suicide bereavement recovery, their results should only be generalized to spousal survivors of suicide.

Similar results to those obtained by Barrett and Scott (1990) were also found by Range and Niss (1990) whose research specifically sought to determine whether long-term consequences of bereavement from suicide differed from other causes of death. These researchers looked at differences among survivors of suicide, homicide, accident, natural anticipated death, and natural unanticipated death. To be eligible to partake in this study at least two years had to have passed since the loved one's death. Participants completed questionnaires designed to address social support, impact and recovery from the death, and current mood. Results on these measures indicated that the bereavement process was similar over time, regardless of type of death.

As was the case with the Barrett and Scott (1990) study reviewed above, the findings from this study should be looked upon with caution for a number of reasons. First, there was no mention as to the specific relationship of the survivor to the deceased, thus, it is possible that some survivors whose presence may have significantly affected the result (e.g., parent suicide survivors) were not included in the study. Other methodological problems with this study include small sample size which may have reduced the statistical power needed to find significant group differences (suicide = 9, homicide = 8 and 17 in the two remaining groups), an unrepresentative sample-- the use of college students primarily of a young age (mean = 19 years), and the

use of quantitative measures not specifically designed to assess the multifarious nature of bereavement.

In addition to the methodological problems noted in the two studies reviewed above, one may also challenge the very notion of suicide bereavement as something that suicide survivors "recover" from in the same sense that people "recover" from bereavement from other modes of death. In her book *A Special Scar*, Wertheimer (1991) notes that there may come a time when the deceased is no longer spoken of on a regular basis, but that this does not necessarily mean that bereavement has ended. Wertheimer further suggests that to some extent the bereavement following the loss of a loved one to suicide is never finished, that a scar will always remain. Ideas such as these throw into question the very notion of being able to discern when someone has "recovered" from suicide.

Differences in Bereavement Among Kinship Relationships

It is thought that the grieving process following suicide may significantly be influenced by that person's kinship relationship to the deceased. That is, spousal suicide survivors may grieve differently from parent suicide survivors, who might again grieve differently from sibling suicide survivors, and so on. Presently there are few comparative studies available that specifically address this question. One of the few is a study by McIntosh and Wrobleski (1988) who compared bereavement following suicide among parents, children, siblings, and spouses of the deceased. Questionnaires were completed by 141 individuals contacted through suicide survivor support groups. Of this group 56 had survived the death of a child, 24 the death of a spouse, 24 the death of a parent, and 37 the death of a sibling. For 80% of the respondents less than four years had passed since the death. Among suicide survivors in general, high rates of guilt, anger, sleep and concentration difficulties, dreaming about the deceased, seeing the death scene in their mind, and worrying that someone else in their family might die were found. However, differences were not found in bereavement characteristics among the different kinship relationships. A notable finding in this study was that no evidence was found to support the contention that parents of young children who die by suicide experience a more difficult grief reaction than other survivors. The researchers suggest that the discrepancy between their findings and the findings (e.g., Miles and Demi, 1992) of others may be due to the nature of the suicide death. It is thought that the severe nature of suicide diminishes differences in bereavement among the various kinship relationships while leaving intact notable differences between survivors as a

more or less homogenous group and the more general group of those bereaved by other less traumatic types of death. Unfortunately a non-survivor control group was not used in this study to substantiate this possibility.

Despite a paucity of comparative studies, evidence of differential bereavement patterns following suicide is provided by studies that look at different kinship relationships on their own. In what follows I will highlight some of these differences beginning with characteristics that appear to be unique to spousal bereavement following suicide.

Research by Barrett and Scott (1990) compared the grief reactions of suicide bereaved spouses to nonsuicide bereaved spouses. Most all of the grief reactions found among the spousal suicide survivors were the same as those which have already been mentioned in this literature review. Others, however, seemed to be unique to spousal suicide bereavement, such as feeling rejected by the deceased, feeling embarrassment over the mode of death, wondering about the spouse's motivation for not wanting to live any longer, and feeling that the suicide was a way of getting even by the deceased.

Another feature of bereavement that may be more likely to occur among spousal survivors of suicide is the experience of being blamed for the death. As mentioned earlier in this review, there is evidence that family members do to some degree feel blamed following the suicide of another family (Dunn and Morrish-Vidners, 1988), though it wasn't clear who was being singled out to blame. Research by Saunders (1981) suggests that spouses are a group of suicide survivors who are likely to be held responsible for the suicide of their partners. Sanders' looked at the bereavement resolution process of widows who had lost their husband to either suicide, natural death, accident, or homicide. In this study all four of the suicide survivors felt accused to some degree, with the two of the participants being directly blamed by the husband's family (these two families actually contacted the authorities to further query the wife's involvement in the death).

Among children or young adults who have survived the suicide of either a parent or sibling, research by Demi and Howell (1991) suggests that a great deal of energy is expended by this younger population to try and hide the pain through denial, avoidance, secrecy, or fleeing. These authors note that in many instances healing from the pain associated with the suicidal loss was not undertaken until many years after the death. Another finding of this study, and one that appears to be unique to the younger population of suicide survivors, is that the majority of participants expressed feelings of lowered self-esteem as a result of their childhood loss. In terms of family cohesion, this research suggests that a greater degree of family disintegration may follow the loss of a

parent to suicide, as many of the participants in their study attested to major disruptions within the family unit as grandparents and older siblings assumed the roles and duties of the missing parent.

Though not a specific kinship group per se, one group of suicide survivors that is often overlooked in the bereavement literature is the elderly. Research by Farberow, Gilewski, and Thompson (1987) suggests that bereavement reactions among elderly survivors of suicide are no different from bereavement reactions following natural death. However, the authors note, and this certainly seems plausible, that the recency of the deaths in this study (within two months) may have "blurred" any differences that exit between the two bereaved groups. That is, the shock and numbness characteristic of the loss of a long time partner is extreme regardless of the mode of death, and that differences in psychological distress might only begin to show as time passes. This possibility has been given some support by Rudestam (1977) who found that among thirty-nine suicide survivors (mostly spousal and parent survivors) only seven initially reported feelings of guilt, compared to twenty-seven having reported an initial response of shock. However, six months later only one participant was still shocked whereas seventeen now reported feelings of guilt.

Despite published personal accounts of the devastation that follows the death of a child or adolescent to suicide, little in the way of social scientific research has been specifically directed toward this population of survivors. One of the few studies to have done so is Miles and Demi's (1992) qualitative study of guilt among parental survivors. This research, reviewed earlier, found feelings of guilt to be especially frequent and intense among parents bereaved by suicide compared to parents bereaved by other modes of death, though no comparison were made with other kinship relationships. Similarly, Kovarsky (1989) found, in her comparison of parents who had lost a child either to suicide or accidental death, that for parents bereaved by suicide, disturbed grief tended to rise over time, whereas for the parents bereaved due to accident disturbed grief tended to decrease over time. Unfortunately in this research no details were provided to explain what exactly constitutes "disturbed grief".

Though it may be the case that different kinship groups respond in different ways to the death of a family member to suicide, it may also be the case that it is the nature of relationship between the suicide survivor and the deceased which determines how the bereaved will respond. This was the conclusion that Reed and Greenwald (1991) came to when they looked at the survivor-victim relationship among parents, spouses, children, or siblings who had lost a family member to suicide. They found that regardless of the specific kinship relationship, grief symptomatology increased with

the level of attachment found between the suicide survivors and the deceased. In other words, it is the degree of attachment, not the survivor kinship relationship, that determines the intensity of the grief response. The results of this study should be looked upon with caution, however, as the complex psychological construct of attachment was merely measured by a single four-point likert scale "I was very close to the deceased". Another problem was the use of the Grief Experiences Inventory, a non-standardized grief scale.

To date, comparative research looking at differences in suicide bereavement among various kinship groups has been minimal with that which is available being questionable in quality. Research that looks specifically at certain groups of survivors, but not comparatively, thus must be turned to in order to learn about how different kinship relationships are differentially affected by suicide.

Literature Review Summary

Trying to produce a valid composite picture of the bereavement process following suicide is a difficult undertaking. If one were to look solely at control group studies of this experience, then the conclusion could be drawn that bereavement from suicide is no different from bereavement following other modes of death. I suspect that such a conclusion may likely be attributable to flaws in research design that prevent meaningful differences from being detected. For example, one of the common weaknesses in the quantitative studies examined in this review, is the application of research instruments that were not designed to study the experience of suicide bereavement. Quite simply put, if a questionnaire does not include the necessary questions to differentiate between two or more groups, it is obvious that differences will not be found. Another common flaw is the use of bereaved research participants who are likely still in a state of shock. Shock and numbness follow any mode of death. Thus, if trying to make a comparison between someone bereaved from suicide and someone bereaved from natural death, the initial numbness and shock among both groups may thus for a time conceal actual differences. Most of what is learned from the quantitative studies reviewed in this paper is that there are certain characteristics found among suicide survivors but that these characteristics are not necessarily exclusive to suicide bereavement (e.g., a variable such as anger is found among those bereaved from suicide as well as those bereaved from other modes of death). In my view the qualitative literature proves to be more useful in illuminating the unique aspects of bereavement following suicide. For example, the experience of anger may be present

for those bereaved by any form of death, though upon a qualitative inspection, this anger may be very different depending on how the death occurred. Thus, from the qualitative literature reviewed, more is learned about the specific nature of the bereavement characteristics that follow suicide.

The most agreed upon characteristics of suicide bereavement are those of a psycho-social nature. There is a general consensus that bereavement following suicide entails feelings of stigmatization, and that this combined with the absence of available norms for grieving, often leaves suicide survivors isolated in their bereavement. In terms of family cohesion following suicide, it seems that initially members are quite supportive of each other but that this may change as time passes since the death. Among friends and acquaintances of the bereaved, there seems to be a tendency for others to act with insensitivity toward the bereaved or distance themselves from the bereaved, although very close friends tend to remain loyal.

The experience of shock, numbness, and disbelief immediately following the death of a family member to suicide appears to be almost universal. This reaction, which has been compared to reactions characteristic of posttraumatic stress disorder, leads to cognitive difficulties such as confused thinking, inattention, and difficulty in making decisions.

Another common behaviour among those bereaved from suicide is the need to search for answers. This often is a time of relentless questioning, as the suicide survivor attempts to piece together how this tragedy could have come about. Questioning may lead to attributions of blame, though differing accounts in the literature make it unclear as to who is the most likely to receive or impart blame. Questioning may also lead to self-blame which is often accompanied by feelings of guilt. Most of the literature examined in this review supports guilt as being a common experience among survivors of suicide, with parents likely feeling the most self-reproach. Other common affective responses following the suicide of a family member include depression, anger, loneliness, mood swings, and yearning for the deceased.

Research into recovery from suicide bereavement has not shown there to be quantifiable difference between this type of bereavement and bereavement following other modes of death. It was suggested that methodological limitations may have negated finding such a difference, and that perhaps the notion of recovery itself should questioned.

Differences in the way suicide bereavement may manifest itself among different kinship relationships is at present unclear. Little comparative research has looked specifically at this question, with that which is available being methodologically suspect.

Methodological Concerns

McIntosh (1993), in his review of control group studies of suicide survivors, outlines the following as methodological limitations of this type of design: small sample sizes, the use of nonstandardized instruments, the methods of recruitment and identification of participants, the general lack of nonbereaved in addition to bereaved controls, and limits to generalizability due to selective samples. In short, McIntosh offers virtually every component of the quantitative research design as being methodologically inadequate to produce an trustworthy portrayal of the experience of surviving suicide, and thus he asserts "Indeed it is difficult to imagine the feasibility of a totally flawless design given the nature of the topic" (p. 158). Though in my view the same could and should be said about any research conducted in the social sciences, McIntosh's assertion is important in that it points to the difficulty and perhaps impracticality of trying to force a phenomenon of human meaning into a quantitative research design whose aim is to discover generalizable, lawful behaviour. The methodological pitfalls that McIntosh writes of are prevalent within the suicide survivor literature reviewed for this thesis and have possibly lead to conflicting findings within this area of research. Some of these problems were alluded to above.

Many of the methodological difficulties inherent in the quantitative research studies were answered by the qualitative research studies. Instead of attempting to fit the experience of survivors into predetermined categories of behaviour assumed to represent a valid encapsulation of the experience, the qualitative studies examined in this review build theories from the ground up, first drawing out through interviews the participants' own stories of survivorship and then establishing common themes among them. Thus, the qualitative research designs circumvented the problems of small sample size, use of nonstandardized instruments, and problems of generalizability. Though extremely helpful in flushing out a much fuller representation of what it is like to be a survivor of suicide, the methodological approaches to qualitative data used in the studies reviewed in this research do so at the expense of the participants' accounts of survivorship as an intact story. This results in the loss of temporal, contextual, and linguistic information that is necessary to more fully represent lived experience. Thus, the present research will use a narrative approach to address the question: What is the experience of losing a family member to suicide? This perspective, which will be more fully explained in the next chapter on methodology, has as its fundamental attribute, the preservation of the individual story as told in the research interview.

CHAPTER 3: METHODOLOGY

> *The emplotment of events into narrative form is so much a part of our ordinary experience that we are usually not aware of its operation, but only of the experience of reality it produces. We inherently accept that certain kinds of knowledge and truth can be understood only sequentially in a temporal narrative unfolding. (Polkinghorne, 1996, p. 160)*

The Narrative Research Perspective

Narrative represents the natural way by which human beings impose meaning on their lives (e.g., Bruner, 1990; Gergen, 1991; Polkinghorne, 1988; Reissman, 1993; White and Epston, 1990). That is, it is through the process of telling our stories both overtly to others and covertly to ourselves, that we as humans come to construct meaning from our lived experience. I am drawn to the use of a narrative methodology for this research in part due to my belief that it is the story that best represents the meaning of lived experience. This position is illustrated well by Connelly and Clandinin (1990) who write that "narrative and life go together and so the principle attraction of narrative as method is its capacity to render life experiences, both personal and social, in relevant and meaningful ways" (p. 10).

People's stories of experience tell not only of past action, but of how meaning and understanding are ascribed to those actions (Reissman, 1993). It is in this sense that the permutability of linguistically formed individual truths are brought to the fore. The goal of narrative research, however, is not to discover (or uncover) the truth behind the words, but "to see how respondents in interviews impose order on the flow of experience to make sense of events and actions in their lives" (Riessman, 1993). By nature this undertaking is a collaborative and co-constructive endeavour. The knowledge that is produced through the conversation between researcher and participant is placed with the frame of the interview context, the historical moment, and the particular identities of those who are involved. This last point is of importance because it underscores the socially constructed and subjective nature of the narrative research endeavour. Narrative research is not a case of detached, arms-length, objective inquiry. Of course a danger with this type of inquiry is that the participant's own story becomes

more than just a collaboration, but is drowned out by the strength of the researcher's own constellation of personal knowledge and experience. Thus, it is necessary that as a researcher I take steps to insure that I am aware of how my own beliefs, values, assumptions, and personal experience lend shape to the meaning that is produced through the research process. This activity on the part of the researcher is commonly referred to as bracketing. One puts brackets around one's own beliefs, attitudes, and experience pertinent to the research topic so as to render visible how the person-of-the-researcher influences, or co-constructs, the meanings that are produced. More will be said about how I used bracketing in this research later in my discussion of trustworthiness.

I am also drawn to a narrative methodology because I believe it can furnish new knowledge about the meaning of personal experiences that cannot otherwise be produced by the more common quantitative methodological approach. Namely, as a way of lending meaning to the events of one's life, narrative has as an advantage over the quantitative scientific mode of research the ability to move beyond the categorization of human experience to a place whereby experience is meaningfully configured in the context of what has happened and what might happen in the future. Polkinghorne (1988) writes:

> If a person is asked why they have done something, the account is normally given in the narrative mode rather than in the categorical mode. To the question "Why did he purchase life insurance?" the answer in a categorical explanation is "Because he is a white male, in the 40-to-50 age category, and those in this category are in 70 percent of cases, also in the category of people who buy life insurance." The narrative explanation, however, answers such a question by configuring a set of events into a story-like causal nexus. The temporal explanation of why one does something focuses on the events in an individual's life history that have an effect on a particular action, including the projected future goals the action is to achieve. (p. 21)

In the majority of research undertaken in the social sciences, be it quantitative or qualitative research, it is the categorical mode of knowledge formulation that is utilized. As Merriam (1988) points out, "Data are nothing more than ordinary bits and pieces of information found in the environment. Whether or not a bit of information becomes data in a research study depends solely on the interest and perspective of the investigator" (p. 67). Thus for some investigators their interest is in enumerating and statistically

analyzing data "bits" (as in the quantitative research tradition) whereas for other researchers, their interest lies in searching for and establishing common themes among data "bits" (as in most methods of qualitative data analysis). What is common to both of these seemingly disparate research approaches is the reliance on the reductionist categorization of human experience as mentioned above by Polkinghorne. Often the storied presentation of lived experience is not asked for, or if it is asked for, it is then systematically dismantled. Regarding this shortcoming in some qualitative research studies, Riessman (1993) writes that:

> Traditional approaches to qualitative analysis often fracture these texts in the service of interpretation and generalization by taking bits and pieces, snippets of a response edited out of context. They eliminate the sequential and structural features that characterize narrative accounts. (p. 3)

Thus to reiterate my rational for using the narrative methodological perspective, I do so in order to render the experience of surviving suicide as rich and coherent stories complete with the linguistic, temporal, and contextual details that make such accounts meaningful.

Method

Participants

Polkinghorne (1995) speaks of the importance of selecting for study a bounded system. Bounded systems, quite simply put, are the outlines or boundaries which delimit the specifications of a unified and complete system, which becomes in more general terms, the focus of the research. The bounded system that I examined in this research encompasses the experience of surviving the suicide of a family member within two years of his or her death. More specifically, the participants in this research were a white middle-aged father who lost his sixteen year old daughter to suicide in January of 1996; a white 24 year old female who lost her nineteen year old sister to suicide in May of 1996; a white middle aged mother who lost her sixteen year old son to suicide in January of 1996; and a white forty-nine year-old female who lost her sister, who was then aged forty-six, to suicide in 1993.

The means by which participants were recruited for this research is presented in their individual stories as this is where their participation in the research story begins. My criteria for including a prospective participant in the study were as follows:

1) Through contacting them and talking to them it was apparent they would be able to articulate a coherent description of their experience.
2) At least a year had passed since the death. This criterion was included so as to lessen the chance that the participant was still experiencing shock.
3) No more than five years[1] had passed since the death. This criterion was included so as to help insure that memories of the experience were still relatively fresh, and to insure that there was not great disparity in time-since-death among the participants.
4) I wanted a representation of differing kinship groups, again to provide contrast among the four stories.

Further to these basic criteria it was also important to me that I interview participants who believed in the importance and necessity of the research as I described it. I wanted to interview people who felt passionate about the story they had to tell.

The aforementioned sampling design can be considered purposive in that "information-rich" cases were chosen specifically because of their ability to illuminate the subject matter being investigated (Patton, 1990). Unlike the quantitative paradigm, the goal of narrative research is not to produce findings that will generalize to some larger population. Instead, the findings of narrative research are meant to be used as a collection of cases from which understanding moves from case to case rather from case to general knowledge claim (Polkinghorne, 1995). Thus, narrative cases may be thought of lending meaning to new instances of experience not through generalization but through analogy:

> The collection of stories is searched to find one that is similar in some respect to a new one. The concern is not to identify the new episode as an instance of general type but as similar to a specific remembered episode. The new episode is noted as similar to, but not the same as the previous selected episode. Thus the understanding of the new action can draw upon previous understanding

[1]As it turned out the deaths were within four years for all of the participants.

> while being open to the specific and unique elements that make the new action different from all that have gone before. (Polkinghorne, 1995, p. 11)

In privileging analogy over generalization, it becomes apparent that narrative inquiry does not necessitate a large sample size. What is important in a narrative approach is that the stories which are examined are chosen carefully so as to elucidate the contextual and temporal idiosyncrasies that speak of the subject matter under investigation. The value inherent in this position is summed up by Connelly and Clandinin (1990) when they write that "It is the particular and not the general that triggers emotion and gives rise to...authenticity" (p. 8) Often it is the case that narrative studies will include a set of case studies related to the same topic, for the purpose of "creating a set of profiles or vignettes that, alongside each other, provide greater insight and understanding than any single vignette (Polkinghorne, 1995). This is what I hope to accomplish through the four stories of surviving suicide presented in this research.

Data Collection

As with qualitative inquiry in general, narrative inquiry is not limited to using any one particular method of data collection. Data may be collected by means of field notes collected through participant observation, journal records, interviews, story telling, letter writing, and autobiographical and biographical writing (Connelly & Clandinin, 1990). Data for the proposed research were obtained through audio-taped unstructured interviews. Each interview was approximately two-and-one-half hours in length. Two of the interviews took place in the Education Clinic at the University of Alberta, the other two in the homes of the participants. Initially I had drawn up a set of questions (see Appendix A) to guide me through my interview lest I fail to broach some topic of importance. As it turned out, I learned quite quickly from my first participant that survivors of suicide do not need to be prompted as to what aspects of their stories are important for them to tell you. For each of my participants I needed only to ask them at the outset to provide me with a description of who the deceased was as a person and from there each launched full into his/her story of suicide survival. There was, however, a tendency in some instances for the participants to become so immersed in their story of the deceased, that I felt I needed to turn the focus back toward some of their own thoughts and feelings regarding their experience.

Prior to the commencement of each interview I thoroughly described the research, explained to them their rights as a participant, and had them read and sign an

informed consent form. For my first interview, before this research evolved into a more general look at the experience of surviving suicide, I explained to my participant that the purpose of the research was to gain a better understanding of what the experience of guilt was like following the loss of a loved one to suicide. After learning from my first interview of the difficulty involved in capturing only a single aspect of a rich and varied experience, I focused less in my second interview on issues of guilt and more on the experience as a whole. By my third and fourth interviews I was describing the research primarily in terms of learning abut the experience of surviving suicide in general, letting my participants know that the original focus was more specifically on issues related to guilt, but that this had changed. This was also explained to my participants on the telephone prior to meeting with them.

Data Analysis

Drawing from Bruner's (1985) distinction between paradigmatic and narrative modes of cognition, Polkinghorne (1995) distinguishes between two types of narrative research inquiry. One method is to use analytic procedures to produce taxonomies and categories out of the common elements of the data. This approach is referred to by Polkinghorne as paradigmatic type narrative inquiry. Paradigmatic inquiry is consistent with the quantitative paradigm of research which selects categories prior to the collection of data and then attempts to determine if an event or thing can be considered an instance of the category of interest. Paradigmatic narrative inquiry is also consistent with certain types of qualitative methods that examine data for common themes or ideas and then group these as members of a specific category. Thus, in both quantitative and qualitative inquiry the data can be treated in a paradigmatic fashion, that is by splintering it and organizing it in terms of commonalties. Polkinghorne maintains that "The strength of paradigmatic procedures is their capacity to develop general knowledge about a collection of stories. This kind of knowledge, however, is abstract and formal, and by necessity underplays the unique and particular aspects of each story" (p.15). And it is in the territory of unique and particular aspect of story where meaning is most visibly and accessibly situated.

The other method of narrative inquiry, and the one that will be used in this research, is referred to by Polkinghorne, as narrative-type narrative inquiry. Though this conceptualization may sound somewhat tautological, it is my belief that its use is probably due to a lack of a better term at this point in time. What it refers to is a type of analysis that serves "to configure the data elements into a story that unites and gives

meaning to the data as contributors to a goal or purpose" (p.15). Unlike paradigmatic narrative analysis which seeks to dissect and reassemble textual data, narrative-type narrative inquiry strives to preserve the integrity of the data in its more natural habitat -- the story. Here story may be defined as a special type of discourse production in which events and actions are drawn together as an organized and unified episodic whole (Polkinghorne, 1995). The particular strength in using story as a means of interpreting textual data, as alluded to already, is that it maintains "the complexity of human action with its interrelationships of temporal sequence, human motivation, chance happenings, and changing interpersonal and environmental contexts" (Polkinghorne, 1995, p. 7).

In accordance with the directions given by Polkinghorne (1995) I initially conceived of my analysis as proceeding by way of a synthesis that would relate events and action in such a way so as to configure them in the form of a plot. Here plot refers to "a type of conceptual scheme by which a contextual meaning of individual events can be displayed." Or put another way "It is the narrative structure through which people understand and describe the relationship among the events and choices of their lives." (Polkinghorne, 1995, p. 7). As is the case with most audio-taped research interviews my attempts did not result in highly coherent, ordered, holistic personal narratives. Instead the stories that my participants told contained considerable movement, both from topic to topic, and time period to time period. It was therefore my task to transform the episodic stories told by the participants into a more general life story that would give a unified meaning to the self-identity of the narrator (Polkinghorne, 1988).

After conducting my first two interview and transcribing the raw audio-taped data, but before embarking on the actual data analysis, I tried to conceptualize the raw data story in terms of a plot. That is, I tried to place the data within some sort of narrative structure that would synthesize and cohere the events of the story in such a way so as to promote a clearer understanding of the experience. However nothing I tried in the way of emplotment seemed to encapsulate the participants' experience in a meaningful and useful way. This changed upon consulting with Dr. Jean Clandinin in her Tuesday afternoon narrative research meeting in the Centre for Research for Teacher Education. Upon hearing the nature of the stories I was being told by my participants, Dr. Clandinin made the observation that what I was being told was not one story but three: the participant's story of the deceased, the participant's story of their relationship with the deceased, and the participant's story of self. This idea of the participant's story being comprised of three component stories made immediate sense to me, and thus I chose this as a structure as I proceeded into the analysis phase of my research. Retrospectively, I think that my difficulties with story emplotment may relate to the

disrupted story line inherent in a story of suicide: a definitive "period" ends the story of one character and in doing so begins a new story for the other character. My difficulty in formulating plots could also be due to the fact that not all narrative accounts of experience follow linguistic convention. Some appear as topic centered narratives that resemble "snapshots" of experience represented thematically (Riessman, 1993). Once I had decided that I would use this three-story structure in my analysis, I then proceeded by way of the basic steps or narrative analysis as outlined by Polkinghorne (1995):

1) Transcribe verbatim the audio recorded interview data
2) Arrange the data elements chronologically
3) Identify which elements are contributors to the outcome
4) Look for connections of cause and influence among the events
5) Write the story

Here, in more detail, is a description of how I carried out the five steps listed above.

Transcribing the Audio-Taped Interviews:

There are different ways to do transcription with no one way being the correct way. What is important is that the transcription is useful for the research purposes at hand. (Kvale, 1996). In converting the spoken word to written word, my aim was to preserve enough of the nuances of speech that it would be clear what meaning was being conveyed, without resorting to an over-description of every little inflection of speech. The tapes of my first two interviews were transcribed in full by myself. The tapes of my final two participants were transcribed by a professional secretary bound by the same code of confidentiality as myself. So as to provide consistency in transcription I transcribed the first five minutes of a tape for her so that she could follow in the same format.

Arranging the Data Elements :

Here I departed somewhat from Polkinghorne's suggested procedure. Instead of initially arranging the data elements chronologically, I began by demarcating on the pages of the raw data transcriptions what portions of conversation belonged to what story. This was a procedure that required several careful readings. After doing this I

then cut and pasted on the computer all of the portions of conversation that belonged to the respective stories (the story of the deceased, the story of the survivor in relation to the deceased, and the story of self) and placed them in chronological order into a new word processing file. This became the basis for an initial rough outline of the story.

Identifying Which Elements Were Contributors to the Outcome:

This was perhaps the most interpretive of all the stages. Here I had to make countless decisions as to what should be included as a contributing piece of information to the story of surviving suicide, and what should not. I did this by way of continually asking myself at the juncture of every decision: "How would this story differ if I did not include this information?" To my surprise this was not as difficult as I thought it might be. This granted, I did include a lot of information in the stories, probably as a way ensuring that relevant information was not omitted. In my view, the ultimate test of my decision making rested in the hands of the participants themselves who were given the opportunity to read their stories prior to the writing of the final draft. The purpose of this exercise was to afford the participants the opportunity to inform me as to whether my telling of their story was true to their experience (see Appendix B for instructions given to participants). The results of this endeavour are presented as an epilogue at the end of each participant's story.

Looking For Connections of Cause and Influence Among the Events:

To the extent that the participants themselves labour over questions of "what-caused-what" in terms of the suicide, I did not venture into the territory of causal connections. For the most part, my purpose was more descriptive than causal, which, according to Polkinghorne is by all means an acceptable goal of narrative research. In his book *Narrative Knowing and the Human Sciences,* Polkinghorne (1988) distinguishes between two types of narrative research: descriptive and explanatory. In explanatory narrative research the aim is to construct a narrative account of "why" a situation involving human beings in has happened. Such an account constructs the order of events in such a way so as to demonstrate what "caused" events to turn out the way they did. In descriptive explanatory research, on the other hand, the aim is to produce an accurate description of the interpretive narrative accounts used by individuals or groups as they attempt to add meaning to past events and anticipate what may soon

come to be in the future. Here the goal of the researcher is not to construct new narratives, but to report already existing ones.

The Writing of the Story:

In her book *Narrative Analysis* Riessman (1993) presents two ways in which raw data may be constructed as written narratives. The first takes language as a transparent medium, used primarily to get to the underlying content contained within the data. The second pays much more attention to the minute details of the data's form and structure, that is, not just what is said, but how it is said. The writing up of the stories for this research is aligned with the first of these two approaches. My primary goal was to stay away from over interpreting the story that was told to me, opting instead to keep my interpretation and presentation of the story as parsimonious as possible. My rationale for proceeding this way was quite simply to minimize my interpretation of their experience while maximizing the participant's.

Insofar that transcriptions may be looked upon as "decontextualized conversations" (Kvale, 1996), I begin each story by describing where the interview took place, who was present, and what my initial subjective impressions of the participant were like. Though far from being a complete representation of the spatial, temporal, and social dimensions originally present in the face-to-face conversation (Kvale, 1996), my attempt was to furnish a basic context from which the interviews took place. After delineating the interview context, I then began the task of connecting the segments of transcribed conversation using my own words so as to produce a flowing and coherent account of the experience. This was a time consuming task which involved much editing and re-aligning of conversation segments.

Trustworthiness

As researchers we do not have direct access to the participants' lived experience. What access we are afforded usually comes by way of the unstructured interview, which after being transcribed often appears as an ambiguous and disjointed effort. Thus, it is up to the researcher to impose some type of order and hence meaning to it. This task is impossible to accomplish in a neutral and objective manner -- interpretation is inevitable (Riessman, 1993). To lend rigour to the interpretation of narratives, researchers must in some way incorporate methods for attaining validity that will support what they have found and how they have found it. Unfortunately, in many instances the qualitative

researcher looks to methods borrowed from the scientific experimental model to support the validity of their research. Such attempts are wont to fail as these methods follow a very narrow definition of validity that refers mostly to tests or research instruments, and thus were not invented to be applied to any form of research that deviates from the canonical experimental model (Mishler, 1990; Polkinghorne, 1988). Mishler (1990) suggests that validation, as championed by practitioners of the experimental model, be reformulated as the social construction of knowledge. Such a reformulation acknowledges that all forms of inquiry are at base constructed products of a particular historical time and culture. Within this framework Mishler (1990) suggests that the question of validity becomes a question of whether or not a community of scientists are able to find a study's results as "sufficiently trustworthy" to rely on them for the development of their own work. Thus, Mishler's redefines validity as

> The process (es) through which we make claims for and evaluate the 'trustworthiness' of reported observations, interpretations, and generalizations. The essential criterion for such judgments is the degree to which we can rely on the concepts, methods, and inferences of a study, or tradition of inquiry, as the basis for our own theorizing and empirical research. (p. 419)

To help ensure the type of trustworthiness that Mishler refers to above, I have incorporated into my research the following checks as outlined by Reissman (1993):

1) Persuasiveness: The extent to which the interpretation is reasonable, convincing, and supported through evidence from informants' accounts and consideration of alternative interpretations of the data.
2) Correspondence: The extent to which the results are recognizable as adequate when handed back to the participants from whom the data was originally collected (also referred to as "member checks").
3) Coherence: The extent to which thick description ties together the overall goal the narrator is trying to accomplish by speaking.
4) Pragmatic Use: The extent to which a study becomes the basis for another's work.

<u>Persuasiveness:</u>

The primary means by which I have tried to achieve persuasiveness in my research is through using as much as possible the verbatim text to tell the story in my data analysis. In reading the individual stories it should be evident that the majority of the words used to convey personal meaning are those of the participant's, not my own. What I am interested in is presenting meanings found within the text that are manifestly expressed, as opposed to a depth hermeneutics which seeks to uncover meanings hidden in the text (Kvale, 1996). By proceeding this way, the question of the reasonability of my interpretation becomes much less central to the issue of persuasiveness. So far as alternative interpretations of my data are concerned, the real question for me, is how well have I done at deciding which portions of conversation are necessary to most accurately reflect the storied meaning of the participant. For this I refer to the next subheading regarding correspondence.

Correspondence:

As suggested, in order to achieve correspondence I handed back to each participant the results of my analysis (their story) so that they could provide feedback as to how well it represented their experience, or in other words, so that they could let me know if the decisions I made regarding the textual representation of their stories were good ones. Though simple in theory and practice, the usefulness of member checks as a means of promoting valid and trustworthy results cannot be understated. If an individual cannot attest to the accuracy of an account of their own experience, who can?

Coherence:

The coherence of the stories that I have developed lies in the words that I have chosen to bind the story together. To this end, simply following Polkinghorne's suggestion to organize the data elements chronologically, did much to prescribe what was needed in order to bridge the portions of conversation in such a way so as to bring coherence to the stories.

In addition to these four criteria, trustworthiness was also established through bracketing. As mentioned earlier in this chapter, because qualitative research is by nature a collaborative process whereby interviewer and interviewee come together in conversation to construct meaning, it is necessary that the researcher bracket at the outset who they are in relation to the topic being studied. My approach to bracketing has been

two fold. First, I have set aside the first story to be told in the results section to be my own story. Here I make as explicit as possible my own history of involvement in the topic of suicide complete with any preconceptions or biases that influence the co-constructive research process. The other way in which I bracket my own biases and interpretive process is by simply stating them as I proceed through my analysis. Thus, as a reader you will notice throughout my analysis instances where I write something along the lines of "Though X never said this specifically, it was my interpretation that...". By proceeding this way I add to the stories the presence of my voice -- the voice of the researcher.

The voice of myself as researcher is also displayed in the stories through the inclusion of my own questions and reflections in the presentation of the conversation segments. This is another means of establishing trustworthiness in my data analysis as it lends the quality of visibility to the research (Mishler, 1990). By visibility I am referring to the extent to which I have made "visible" the various components involved in conducting the research. Patton (1990) writes that "The qualitative researcher has an obligation to be methodical in reporting sufficient details of data collection *and* [original italics] the process of analysis to permit others to judge the quality of the resulting product" (p. 462). To this extent I have tried to provide visibility in my work by describing as clearly as possible the steps that I have taken in conducting this research.

Ethical Care of Participants

To help ensure that no harm results from participation in this research, the details of this study were submitted to the ethical scrutiny of the University of Alberta's Ethical Review Committee.

Further to this, the following ethical safeguards were included as part of this research. Prior to participation, each participant was required to read and sign an informed consent form that outlined the nature of the research, their rights as participants, and any risks that might be involved (see Appendix C). Critical items of note were the participant's right to withdraw at any time without explanation, and the participant's right to confidentiality. Regarding the latter, the last names of participants were never used at any stage of the research process, and first names were all changed on the final document.

THE STORIES

My Story

Unlike the quantitative research paradigm which attempts to conceal the participation of the researcher under the guise of objectivity, research conducted from a narrative perspective acknowledges and strives to make visible the existence, and hence influence, of all parties involved in the research. For this reason I begin by offering my story of how I became interested in conducting research in the area of suicide bereavement. By doing this I overtly acknowledge that the uniqueness of my personhood inescapably shapes the meaning that is created as I enter into conversation with the participant survivors.

I have never had someone close to me complete suicide. Thus, my interest in the subject does not emanate from personal experience, but through other less direct sources, the most notable being an essay I read in a third year existential philosophy class. The essay, written by Albert Camus (1955) and titled The Myth of Sisyphus, begins by suggesting that suicide is the most serious of all philosophical problems and that to understand what makes life worth living or not amounts to answering the fundamental question of philosophy. This thought made a huge impact with me and I carried it around (along with many other ideas presented in the essay) in my mind for a long time afterwards. In general, I found existential thought to be very titillating. For me existentialism represented some type of profound tool that could be used to strip down all realms of human experience to reach the core of human meaning and existence. Thus I decided if I wanted to learn more about the meaning of life I needed to follow the advice of Camus, and learn more about suicide. The first step I took in this direction was to become a volunteer for the telephone crisis lines, an endeavour I continued for three years. I found my time on the phone lines to be very rewarding, though I do not recall this time producing any blinding insights into the meaning of life. Instead, my experience on the lines helped identify what would become the topic of my undergraduate honours thesis. One thing I noticed was that many of the suicidal callers had been sexually abused as children. Thus my topic was the relationship between childhood sexual abuse and adult suicidality . The actual research was not particularly well designed, and hence, was more a good learning experience than a contribution to the study of suicide.

Upon graduating from the University of Victoria with an Honours degree in Psychology, I was subsequently accepted to the University of Alberta's graduate program in Counselling Psychology. One reason I applied to the University of Alberta was that I wanted to continue research in the area of suicide and knew there were faculty interested in this area of study. When I first started thinking about a topic for my masters research there was a string of adolescent suicides in the greater Edmonton area. This led me to the conclusion that the study of youth suicide was both timely and important. I spent the first year of my masters degree trying to settle on a suitable topic. By the beginning of my second year it had become clear to me that I had left things too late to gain access to participants who were under the legal age of consent. Thus, I began to think of alternative questions I could address. My answer came through a meeting with an undergraduate student for whom I acted as teacher assistant in one of her classes. This student asked me if she could write her term paper on the experience of losing her brother to suicide. After giving the student approval to write the paper she came back a few weeks later because she was having problems expressing her thoughts and wanted to know if she was on the right track. As she told her story as a backdrop to the difficulties she was having, my student quickly became very emotional. Feelings of guilt and anger spewed out as she shared her story of loss. So profound was her story, that when she had finished and gone I knew that I had my topic -- I would study the experience of surviving suicide.

I am aware that my ideas about suicide bereavement arise largely from my contact with the student mentioned above, and that I come to this research with a belief that surviving suicide is an extremely distressing experience, likely different from bereavement that follows other modes of death. Thus, it will be important as I proceed through this research to ensure that this belief does not obscure my analysis by remaining vigilant to other interpretations of my participants' stories.

Angie's Story

The first participant I interviewed was Angie. Angie is twenty-three years of age, a graduate student in psychology, and lives with her fiancée, Mark. Angie lost her sister Donna, two years younger than her, to suicide in May of 1996. Angie grew up in Atlantic Canada along with her parents, her sister Donna, and her two adopted twin brothers (age 14). As a fellow graduate student, Angie was someone I knew quite well prior to our interview. The interview, which lasted two and a half hours, took place in a small counselling room at the University of Alberta Education Clinic. In our interview I experienced Angie as a very warm, joyful, and caring person. Despite the seemingly heavy nature of our conversation topic, the interview was not an overly emotional affair for either of us. Only twice did tears come to Angie's eyes, who for the most part, remained composed and cheerful throughout the interview. At times during conversation Angie was able to share the humorous side of herself and her experience, which to me seemed a natural part of the person she is.

What follows is a presentation of Angie's story of surviving the suicide of her sister as derived from our interview on April, 22, 1997, just five weeks shy of the first anniversary of Donna's death. I represent Angie's story as a larger story composed of three component stories. These component stories include Angie's story of her sister, Angie's story of herself in relation to her sister, and, finally, Angie's story of herself. In turn, each of the component stories may be thought of as being comprised of a series of smaller stories which, in my analysis, appear as presentations of the raw data in the form of dialogue quotations.

Angie's Story of Her Sister

Donna

From an early age Donna had a history of contact with doctors and hospitals. As early as age seven or eight Donna was taken to the hospital for tests because of enuresis, a problem that would continue until her death. According to Angie, Donna's psychological problems began around the age of twelve and included concerns around body image, depression, and very low self-esteem. By the time she died Donna, at one time or another, had been diagnosed as anorexic, bulimic, manic-depressive, and borderline personality disordered.

Donna consistently said throughout her life that she wanted to die. She made many suicide attempts during her life the first being at age fourteen. Donna's determination to end her life is evidenced by the variety of methods she chose to undertake the task. Donna attempted to kill herself by overdose, wrist slashing, self-suffocation, self-drowning, and an automobile accident. In the end, hanging ended Donna's life. Following her suicide attempts, Donna was usually very angry at having been saved, though, despite this, at some point afterwards she would thank those who helped her and vow never to try again.

Angie noticed a general trend for Donna's attempts to become more lethal. As this became the case, Donna took to drinking a bottle of Vodka before she made her attempt. This happened on two occasions. On the first occasion, Angie found Donna passed out on the floor of her bedroom, with the window open, her coat, shoes, and pajamas on, ready to make an escape into the night. Evidently she passed out before she could make her way through the window. The other occasion on which Donna drank a bottle of vodka before attempting suicide was her last attempt, the fatal attempt.

By age fifteen Donna was battling anorexia and had received the diagnosis of manic depressive. According to Angie, from this point on, things deteriorated for her sister. Anorexia was followed by bulimia which Donna would describe as her way of relieving stress. By the time she was 17 most all of the mental health professionals practicing in the area had given up on Donna. There was one psychologist, however, who stood by Donna as both a therapist and a friend. When all others had given up on her this psychologist never would:

> *He would come in and talk to her and say "I won't give up on you." She'd say "Well everybody else thinks that I am lost cause." And he would say "Well I don't -- I don't think that you're a lost cause." She would tell me this and she would say that because he still believed in her she was willing to try, try living again.*

Through his compassionate work with Donna, this psychologist became a role model for Angie as she to works her way toward a career in the same profession. Donna first started seeing her psychologist when she was fourteen and continued to see him until her death. He used to tell Donna that he promised he would let her know if he ever gave up on her though, according to Angie, of course he never would. He only said this as a means of helping Donna hang on.

In school Donna performed well, always earning marks at an honours level. A psychiatrist Donna once saw said that she was very bright, maintaining that the psychological problems she had, had nothing to do with lack of intelligence. Despite doing well academically, by grade ten Donna began staying home from school and eventually dropped out. She managed to get her grade twelve equivalency at a school for high school dropouts, though, for Donna, this was never viewed as a worthy accomplishment. Donna also had a short stint at university, though dropped out after the second day of classes because she felt too much pressure and stress:

> *The minute she walked in the door she felt pressure -- stress pressure -- too many people -- things were going over her head, and I said "Well that's what university is all about." (laughter from Angie) "Eventually one day when you are old you'll get it..." (laughter from Angie).*

Though Angie and the family fully expected to take care of Donna for the rest of her life, Donna, who saw herself as a burden, did at one point try moving out on her own. During this time Angie did her best to support Donna in her new surroundings. While she was living on her own, family members regularly made trips to visit her, and weekly pizza nights that had before been held at Angie's friend's place now were held at Donna's new apartment. Despite receiving this sort of attention Donna, complained that her family did not visit her enough. Soon Donna became depressed and spent days at a time in bed, getting up only occasionally to shower. After three months, Donna moved back home to live with her parents.

By the time she reached her late teens, Donna was having many "battles" with other family members. Angie described the extent of these battles, adding that after a while family members had to be very careful around her:

A *The holes in the walls and stuff like that, she literally punched holes in walls, she hit my mother, like real physical. We did get into physical fights because my sister was very aggressive - because she would get very frustrated and she just would not want to do what she was being asked to do. She would not want to go to school. She'd go hide behind my mom and dad. When it came to curfews and stuff like that she felt that she should have everything her way. And she was combined with the typical teenager but it was more extreme.*

S *Typical teenager plus...*

A *All the problems, ya it caused major battles, and then it got to the point that you don't really... It got to the point that we all walked on egg shells because we didn't want to upset her, if we upset her you never know what was going to happen. And that's how it eventually became. If she hollered at you, you just walked away, ignore it if she's having a mood swing.*

According to Angie, by the end of Donna's life it was apparent that she had sustained permanent damage from her many suicide attempts. While in conversation Donna would become lost in the middle of what was being said and, if cut off, would have trouble returning to the topic. During the last month before her death Donna's condition deteriorated considerably. Angie tells the story of a trip to visit Donna at the hospital during this time:

She had started having hallucinations in the last little...um, people were chasing her, and they [the staff] would find her - I don't know what was happening for her, but they'd find her in the hallway all crunched up. She was getting really - I guess psychotic, I don't know, but she had never been like that before. And I don't know what if it was the medication they were giving her or what. But I remember showing up to visit her and they couldn't find her. I'd walked right by her. She was crunched up in the hallway. And she had sat down and told me that she was scared, that she thought she was seeing things, she felt like people were after her and stuff like that. She had never experienced anything like that before, and she didn't know what was doing it.

Before she died Donna wrote suicide letters to all family members as well as to her psychologist. Donna planned the mailing of her letters so they would arrive after she was dead. However, because she miscalculated how long the mail would take, the letters arrived before her death. Upon realizing her mistake Donna tried to reach the mailbox first but was beaten to it by her mother. As it turned out Donna was already scheduled to see her psychologist that day, so was promptly brought to the hospital to meet with him. Donna's psychologist, who had also received his letter, thought it best that Donna immediately be admitted. At this point Donna was telling her psychologist that she didn't want to live and that she only came to her appointment to say good-bye to him. Donna's psychologist left her in the waiting room while he went in search of a psychiatrist who could do the admitting. As soon as he turned his back, Donna was

gone. As Donna made her way through the hospital she bumped into friends of the family. She stopped and chatted with them for a minute, said "See ya", bought a cup of tea and a muffin as she always did, then proceeded on her way out back of the hospital into the woods. Following her disappearance a massive search party was organized to look for her. Angie explained to me that, for her, this was a time of frustration and annoyance as the media and police unwittingly said and did things that disturbed the family. However, Angie also described the days in which her sister was being looked for as a time of great hope. In Angie's words:

> *I was telling everybody during those two days that uh, maybe she's just sitting under a tree crying, waiting to be found, that she decided not to do it... but that never happened.*

It was Angie's father who eventually found Donna out back of the woods behind the hospital two days after she had gone missing -- her tea and muffin sitting untouched beneath the tree along with an empty bottle of vodka. At some point in time between May 29 and May 31, 1996, Angie's only sister Donna ended seven years of persistent attempts to take her own life by hanging herself with a TV extension cord taken from home.

The doctors who diagnosed Donna as having a borderline personality disorder told the family that such a condition was the result of some type of childhood trauma. Indeed Donna was the subject of childhood trauma -- as a child she was sexually abused by her uncle. For most of her twenty-one years, Donna kept her abuse a secret. It wasn't until near the end of her life, when she feared for the safety of her cousin's young daughters who had moved in next to the uncle, that she finally came out and told the family. It was Donna's psychologist and very religious grandmother, with whom Donna confided first. Angie thinks that Donna told their grandmother because she reasoned it would be helpful to tell a very religious person before she died, that perhaps such an act might save her for all the things she had done to herself and others. When Donna did tell her grandmother she started throwing up uncontrollably and couldn't stop.

Despite her difficulties, there is another story of Donna that does not involve suicide attempts, sexual abuse, and mental illness, a story of Donna that is reflected in the picture of her that Angie likes to show to people, which was also the one she gave to the media when the search was on:

S Was it the last picture of Donna?

A *No it was the happiest picture - that's what I wanted everyone to see. She's all smiling and laughing, so - that's actually one I took of her - it was at my friend's place. Ya so I wanted, that's what I wanted everyone to see so I gave them that picture, it was the picture on the front page of the news.*

This side of Donna, the Donna apart from all her problems, found time to care for and give to others and, through her deeds, was well-loved and respected:

She was a really caring person in terms of she used to give to other people a lot. She volunteered at the old people's homes and the senior citizens' homes and stuff like that. And when she passed away like this rucks of people she had met at the hospital - other patients - were either showing up on their own or being escorted there by a nurse because they wanted to see her .

And

I'd show up to visit her and she'd be doing older women's hair, you know, women who had no one to care for them or anything for a long time. And she'd be combing their hair and doing their hair. At one point they were calling her the hair dresser. She'd being doing everyone's hair and putting hair spray in their hair and just, you know, hair stuff...ya... I showed up once and this woman grabbed me "Are you by any chance Donna's sister?" I said "Ya" She said "She put a French braid in my hair." (laughing) And she didn't know how, ya, this woman she was schizophrenic and that's who she did the French braiding for.

Even Donna's death, at least by way of Donna's thinking, may be considered an example of her caring about the feelings of others. Donna would often write in her suicide letters that she was doing it for the good of the family, that the family didn't need to live this way and would be better off without her. Of course Donna's view was definitely not shared by Angie:

S *So she saw herself as a burden?*

A *Oh ya.*

S *Would she tell you that?*

A *She would tell you that and she would put it in her suicide note.*

S *What would you say about that?*

A That she's not a burden, I would do anything to keep her here with us.

Angie's Story of her Relationship with Donna

Angie and Donna

Despite all of Donna's difficulties, in some respects the relationship between Angie and Donna resembled that of any two sisters two years apart in age. Angie explained to me that they would fight and call each other names, much the same way many siblings do:

> *But I guess growing up with it, it's always, it's still your sister and sisters fight and have all their jewelry and stuff. I never thought of it as, you know, "Why wouldn't I fight?" - "Well, she's sick so there's not much you can do about it.[2]" But usually it was "That brat" or "That bitch" (laughter from Angie). And she'd be hollering the same thing back...but I never refused an apology from her, like, as soon as she apologized even if I was still angry it'd be "It's okay" and we'd hug kind of thing. So maybe I did at some level know that she was sick and stuff but it's hard not to respond as a sister, as an adolescent sister also.*

If, in some respects, Donna and Angie's relationship resembled that of typical teenage sisters, in many other ways it did not. As mentioned earlier in Angie's Story of Donna, by the time Donna reached the age of 18 or 19 her problems were leading to "major battles" between her and the rest of the family, such that everyone was walking on egg shells.

However, living with someone who was chronically suicidal required more of Angie and her family than just walking on eggshells. Angie and her parents both invested a lot of time and effort into making sure Donna was not doing harm to herself. At one point Angie's mom took six months off work to help care for Donna. Angie's mother also slept with Donna for two years, forcing her father to take refuge on the

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[2]Here Angie is speaking this line as an example of the way that she did not reason to herself, i.e., she would not reason that because her sister had problems she was going to back down from a fight

couch. Though Angie never used the word specifically, the word self-sacrifice comes to mind when I consider the effort that Angie and her parents put forth to help Donna:

> *My mother ended up taking about six or seven months off work because for safety reasons we were all on 24-hour watches. So we always had to be in the house, we had to always know where she was, what she was doing, and if she was in the bathroom and she wasn't in there very long, because she would get razors and stuff like that or she would like swallow anything . And she'd get very frustrated because she'd only be in the bathroom two minutes and we would be knocking on the door "What are you doing?" She'd have a bath and we'd know how long she was in there.*
>
> *And*
>
> *Well that was...after she started it you were almost always, even if you weren't officially on 24hr watch, you always knew if she was in the bathroom too long, you always knew that - oh, Donna went to the drug store, what'd she buy when she was in there? You were always very conscious of what was going on because if she came home from the drugstore you had to make sure that she didn't buy a big bunch of pills. Someone was always keeping track of her Prozak, her lithium and the other medications. You could never get a Tylenol if you had a headache because either my mother had it hidden or there was none in the house. The big knives were gone because they found a big knife under the bed at one point, so someone was, you were always conscious, from the time when she probably was about 15 until the end, you were always conscious of that kind of stuff that was goin' on.*

Angie's efforts to help her sister were not reserved to keeping watch. She also routinely participated in activities she hoped would encourage Donna and help her overcome some of the hurdles she faced. This next story tells of the lengths that Angie went to as she tried to help Donna get started at university:

> *The first day of classes I took the day off work and walked her to every class and sat outside the class for the whole hour-and-a-half in case at any time she felt she had to leave, because she was not used to being around that many people anymore. And so I sat outside the class for however long the class was and then walked her to the next class and sat there. And then she came out of the one of*

her classes and said that she didn't want to go to the next one. So she went home, I took her home, and tried to convince her to try again but I wasn't able to.

Angie also attempted to get Donna out of the house by introducing her into her own social network. By this next account it is evident that by doing so Angie detracted from her own enjoyment with her friends:

A *I tried to get her out of the house on weekends and stuff. So I would drag her out sometimes, but I didn't have a good time because everywhere she went I watched everything she drank, I watched everyone she talked to, and I watched everywhere she went - in a bar wherever she was my eyes were following her. And whoever was with me it would be like I was in another world, everywhere she went I was, I was following her.*

S *Hmm, so you did this in order to...*

A *To get her out, get her to...because I told her she could, you know, come out and hang out with my friends, but then what would happen is she'd try...you know, you're with friends, and your out booz'n with the girls kind of thing, and we'd be all chatting in a circle, and she'd come and stand in front of me and kind of push me away, so it was almost as if she was try'n to...then she'd get really, try to be like close with my friends, and it's like "I'm inviting you to come out and hang out with us, and you know, be friends", but she'd be trying to push me out of it.*

From my interview with Angie it was clear that she cared very deeply about Donna's future and constantly did things to try and steer Donna in a positive direction. As Angie says in this next segment of conversation, it was important for her to keep Donna moving. Thus, for Angie, it was very frustrating when her parents began letting Donna get away with not fulfilling her responsibilities. My sense is that Angie considered such behaviour on the part of her parents as being counterproductive:

She didn't have to follow through with the commitments anymore. If she made the commitment and just didn't want to go, well then that was okay, and she would make the phone call and that'd be it. She started volunteering at a senior citizen's home she started...volunteering at the hospital and stuff and if she just

didn't want to go then she'd just call and it was off. And then if she got away with that for a day or two, then she just wouldn't go for a long time. And it was almost as if she was falling into a depression but if you kept her moving I always that thought that you could possibly help her.

And

Sometimes I think it was too easy, you know it was too easy for her to...where she comes home crying that I don't want to do it my father puts his arm around her - after all the years of fighting they got to the point of putting his arm around her and saying "That's okay you don't have to." When I'm standing there screaming "Yes she does, she has to do something". I pushed her, definitely I pushed her for her GED, I pushed her to try university and all that stuff. But dad just puts his arm around her "Don't worry about it Donna you don't have to do it if you don't want to." But you know I thought she was 21 years of age and she just hung around the house all day, she's not getting any better anyhow.

In addition to these attempts to keep Donna moving in a positive direction, Angie also expended a lot of effort in the care of Donna while she was in hospital. Angie said she spent a lot of time in hospitals adding that they weren't always the nicest places in the world. All of this effort extended by Angie in aid of her sister did have its toll. This next story highlights some of the feelings of anger and resentment that arose through Angie's efforts to care for her sister:

And I used to spend nights at the hospital with Donna when they wouldn't have a bed, or they wouldn't take her in the psych ward until after she could have her IV's and stuff taken off or things like that. And they wouldn't keep her in the regular hospital unless a family member stayed with her because they didn't have anyone to watch her . So I used to spend nights - I'd take my typewriter to the hospital and plug it in when she fell asleep, and I'd spend the night doing her hair, or staying with her or bring pizza with me or stuff like that. So I was getting really angry and resentful, everybody put so much into everything for her, and she acted like she was just playing a little game.

Following this story I responded to Angie by saying that it sounded like she saw Donna's behaviour as being selfish. Angie replied with "sometimes" indicating that at times she viewed such behaviour as being selfish, but not always. This next story gives a further account of what it was like for both Angie and the family as they tried to

appease Donna's needs . Again Angie speaks of the anger and frustration associated with her doing things for Donna. According to Angie this anger was most prominent during the last three years of Donna's life:

A *We'd all go over to visit her, someone would go visit her, it was almost as if we took shifts to visit her - dad would get the morning, mom in the afternoon, and I'd go in the evening. My aunt would be there later in the evening, my grandmother would be there the next morning - someone was always visiting with her. And everyone brought her favourite things, you know, because she had a hard time leaving the hospital, so you would bring her favourite muffins and I would bring her pizza, and she loved pizza - vegetarian pizza. But, when you'd show up to visit her, and she'd do this a lot, and she'd say...she'd refuse you at the door "Tell the nurse no, I don't want to see them." You'd get home and she'd get on the phone crying "Come visit me, I'm sorry." And so you'd get there, and it would be about ten minutes, and she would tell you to go home again, and you'd get home and she would cry. It was like you were always on that roller coaster.*

S *Hmm, and what kind of feelings would that bring?*

A *Ohh, well angry, you get really angry like "fine then".*

I reflected to Angie that it sounded like she thought Donna was taking advantage of her. Angie confirmed this reflection:

S *Almost as if you have been taken advantage of?*

A *Oh God yes! Because you'd go over and you'd visit and she...she didn't care if you were doing anything else she'd just tell you to leave "Go now" - You know? If she felt like it "Go now". And you'd be there ten minutes or you'd want to leave because you're in a hurry, and it's like "Oh don't leave" kind of thing. But I think that's a characteristic of borderline personality disorder, isn't it?*

If Angie did see a certain amount of selfishness in Donna's behaviour, and felt that Donna was taking advantage of the situation, she was also quick to point out in our conversation that to some degree all people are selfish, even sisters.

While it was evident that Angie's efforts to help Donna involved more frustration than gratification, on occasion Donna did say things that would reward Angie for her efforts:

A *I remember sitting in the hospital with her sitting in her bed with her, and she's trying to talk about the future a bit. And she's talking about moving on and getting out of Cape Breton and stuff, and so my view is that if she looks at this great big picture in front of her, she's going to give up before she even gets a step nearer to it. So I helped her break it down into steps and small goals and stuff like that. And she was actually very positive about that and said that, you know, she thanked me for doing that with her and I told her I was going to break my promise a bit (small laughter). She said "I don't know if I'm okay", but I made her feel really good.*

S *She said that?*

A *Ya, because I helped her break down her goals and she said "None of my doctors ever did that for me" - which doesn't make a lot of sense to me, but..*

S *And she said this right near the end?*

A *It was the last time she was in the hospital*

S *So that was quite near the...*

A *Ya, the last time...ya*

S *Your face really lit up when you said that, it sounds like that was important for her to tell you that?*

A *Oh probably ya, I used to, I used to like it when she told me that I made her feel better.*

The preceding account, along with the next one, illustrates the more tender side of Angie's relationship with her sister:

I remember while in high school sitting in bed with her and she's trying to keep herself from being ruined and trying to keep herself alive, sitting there with her head in my lap, staying with her in the dark while she sleeps for an hour or two - or until she falls asleep.

Another thing that definitely made all of Angie and her parents' efforts to help Donna worthwhile was the thank-you that would inevitably come after she had been saved from suicide:

I consider at least 90% of the time that either while she was still in the hospital or when she'd come home she'd start to feel better and she'd say thank-you for saving me or finding me or doing things for me. So that's why I always feel like - was there another thank-you that could have come from her?

Despite all that happened between Donna and her family, one thing was certain to Angie -- family meant everything to Donna:

She really loved her family, she was really into the family thing. That's all she had was her family.

Angie's Story of Self

Angie

As stated earlier, I experienced Angie as a warm, caring, joyful person with a lively sense of humour. Through her stories of caring for and helping Donna I also came to know Angie as an extremely giving person who is willing to put the needs of others ahead of her own. In addition to these impressions Angie also spoke of her other qualities. One such quality was that of independence. Angie told me that she learned from an early age to be independent because she "had to be". Her role was to be the strong one, the independent one, because in her own words "My parents already had enough to worry about." Angie also described herself as one who is happy all the time, adding that even when she is not happy it looks like she is. Perhaps due to this combination of strength, independence, and always putting on a happy face, Angie was not one to readily share her feelings toward Donna with others. At one point I asked

Angie if she shared her feelings with her mother following a particularly distressful suicide attempt made by Donna:

A *No, I never did, because my mother had...my parents had enough to worry about. My mother would ask me how I was "Oh fine - don't worry about me."*

S *That was often the case?*

A *Always the case*

S *Always the case?*

A *My mother would even sit down with me and try to get me to talk and "No no that's okay don't worry about me, go back to her"*

S *Why would your mom try to get you to talk?*

A *Well because my mother said well you know, you need to talk about it too kind of thing, and I wouldn't. I said to her "No it's okay", I'm the strong one.*

S *Did you need to talk about it?*

A *Oh ya, probably, probably, but I never did -no, not really.*

Angie said that one of the reasons she wouldn't talk to people about Donna was because if she talked she would probably cry and she didn't like to cry. Even at the funeral Donna couldn't cry in front of the other mourners, opting instead to wait until she could be alone. Thus, for a long time, Angie kept information regarding her sister and her home life to herself:

> *Well looking at it, my friends didn't even know it was going on for a long time. It probably wasn't until the age I could drink and got drunk and spilled my guts they started really knowing what was going on, and that she had been sick for so long, because it was the big family secret, it was like nobody knew about it - nobody knew half the time she was in the hospital.*

Angie told me that once she started telling her friends about Donna it became easier to discuss such matters. Though she didn't say this directly, I got the impression that it was helpful for Angie to speak to others about what was going on in her life. Angie also mentioned that her friends were good at convincing her to go out with them even if she didn't really feel up to it.

Following a suicide attempt Angie explained to me that she would initially feel very angry and resentful toward Donna, and would hold off visiting her at the hospital for a day or two. Thus there would be bitterness coming from both parties. Angie would be bitter over yet another suicide attempt, whereas Donna would be bitter over having been saved. When Angie did begin visiting Donna she did so with great dedication as is evidenced in her traveling forty-five minute each direction to make it to the hospital during the middle of a split-shift at work.

In addition to feeling angry at Donna following a suicide attempt, on occasion Angie also experienced feelings of guilt. This next story tells of the guilt Angie experienced after the attempt Donna made following Angie's refusal to help Donna when she came to her door at 3:30 am the night before an exam. The next day Donna drove their parent's car into an overpass, demolishing the car and leaving her with two broken arms and a large gash to her forehead. This story also highlights the way in which Angie kept her feelings to herself and the way she would explain to herself that it wasn't her fault:

S *So when you heard of this [the accident] what went through your mind?*

A *Well, me and my father were at home, and my little brothers were going to be getting home from school in about a half hour. So...my mother's at work...I remember they called, and I just remember dad starting to shake kind of thing and just "How is she?" He turned white as a ghost. And he said "Donna's in the hospital she got cut", and he went running over. And I remember I just sat on the couch and turned down the TV and started to cry. Ya and it was really...I felt guilty... I felt guilt for, well it's like I probably could of - maybe I could of stopped it kind of thing.*

S *Uhmm, so your mind went back to the night before?*

A *Ya, I'd just got home from school - I had my own car so I never had to borrow a car, but ah, ya I felt guilty. I used to explain to myself that I didn't make her do it.*

I asked Angie what she would do with these feelings of guilt: Would she hold on to them ? Would she be able to let them go? Angie replied that:

Ya I just kind of lock it away and it just kind of dispenses after a few days. You just kind of put it away kind of thing at the back of your mind, because after a day or two she got transferred from the hospital to the psych ward and she had two broken arms, and so we had to bath her and wash her hair and I was combing her hair and putting braids in it and stuff like that. So your mind turns from those feelings to kind of caring for her on a regular basis.

On the day that Donna was found it was actually her psychologist who, upon his insistence, broke the news to the family that she was dead. Angie recalls family and friends at the hospital crying upon hearing the news, though for Angie it was while driving home from the hospital and passing the other hospital that Donna had spent so much time in that she cried the most. In keeping with her role as the responsible strong one, the first thing that Angie did after leaving the hospital was go home, clean the house, and put a whole bunch of coffee on for the onslaught of people that would soon arrive.

In the days immediately following Donna's death, Angie said her reaction was one of shock where, like an automaton, she would just keep repeating the story of how Donna's had given her her hair brush two days before she disappeared:

Ya, all, everybody was around for a couple days and I just kept telling people "Ya she gave me her hair brush, she gave me her hair brush." And the last thing I said to her was, I remember the last thing I said to her was "I like your hair today" was the last words I spoke to her "I like your hair today". So she had just got a hair cut a couple days before, so "She gave me her hair brush" and "I like your hair today". That's what I was telling everybody. Nobody else probably even remembers, but I was telling everybody.

Angie says at first she never thought anything of the hairbrush, that is, though she and the family were always conscious of behaviours that might indicate that Donna

was planning an attempt such as giving away gifts or personal belongings, the brush did not register as being such a sign. Today the hairbrush means a lot to Angie, she uses it every day and would be very upset if she lost it.

Another feature of Angie's post-suicide bereavement involved not wanting to spend time alone in the basement where Donna's and her bedrooms had been. Angie explains the sadness that was triggered when she spent time in that area of the house:

A *Well, the house was quieter and it was - my bedroom was next to hers and I couldn't sleep in the basement alone anymore. I started making Mark sleep on the pullout couch until he had to go to work, every night. I couldn't sleep alone in the basement. I basically didn't want to sleep alone because I wasn't sleeping well, but it didn't take long for me to start sleeping again, I love my sleep. But I still didn't want to be alone, I didn't like to walk by her bedroom, but I didn't like seeing the door closed either. Her door was always closed because she was always in there sleeping, something still about that. But if I, if I stayed alone in the basement I'd end up in her room, and I didn't like that either because I would get very upset.*

S *You would just go and sit in there?*

A *Sit in there and cry until I fell asleep in there. So I didn't like that - I didn't like how that made me feel, I didn't feel good afterwards, I was just getting really sad.*

At first Angie was reluctant to talk to others about her sister's suicide. She explained to me that for a while she wouldn't take any phone calls, and that, in general, she didn't even want to talk about it. In the following excerpt Angie explains in one case why this was:

Actually I avoided phone calls from friends - certain friends. Like one very close friend of mine had lost two uncles to suicide, but she was 12 years old at the time and it was almost like 12 years later. And when she called that's all she went on about was her uncles, and I just didn't want to...you don't want to hear it - I mean you don't even want to talk about your own let alone hear...it's just not the time.

Today Angie maintains that she doesn't feel stigmatized by her sister's suicide, though notes that this may have to do with the university environment she is now in. This wasn't always the case, however. Initially Angie says she did feel some stigma though from this next account it would seem that the stigma was intermixed with a general discomfort in talking about the subject:

> *I don't feel stigmatized by it and it could be the environment I'm in now - and I had just left home immediately after. I think the main thing I felt stigmatized by initially...when I first started going back out and stuff like that, I was actually very scared that people would come up and actually ask me questions about it, because I didn't want to talk about it when I went out with my friends, I thought - let's just leave it at home, you know, you don't want to be asked about it like a couple weeks later.*

Difficulty in discussing her sister's suicide with others was something that continued for Angie up until relatively recently. For example, prior to the last couple months, if the topic of suicide came up in class Angie said she would become a mess, start shaking, and not be able to talk about it. In regard to this interview, Angie told me that it was a helpful thing for her to be able to tell her story because a lot of times you don't think other people want to hear it.

Returning to the subject of Angie's reaction following Donna's death, the stage of shock and numbness was relatively short. Here Angie describes the way in which she quickly got back to her normal routine:

> *Did things go back to normal? I guess eventually it did, for me, because that's the type of person I am. I went back to work within a week...they didn't expect me to but I went back to work for the whole summer. Um, I left, I picked up and left and went to university, just so... I had to move on because I had, well I had things going on - I had no choice, if I didn't work then I wasn't going to go in here.*

Because the original focus for this research was the experience of guilt among survivors of suicide, I specifically broached this topic with Angie. Angie let me know that guilt was not an overwhelming issue for her, that for her feelings of anger were much more prominent. Angie did mention, however that she felt a fair amount of guilt over not wanting Donna to move out to Edmonton with her. This was a desire that

Donna would occasionally express to Angie. Angie made it clear that she did not want it to happen:

> *She used to talk about coming to live with me while I was at school and I remember telling mom that no she was not coming to live with me. That when I'm going to school me and Mark are gone, we'll be starting a new life. I'm going to have enough to deal with worrying about grad school. I'm not going to have any time, I won't be able to look out for her if she were to get sick then - you know that kind of thing. And then I felt very guilty that right now I'd do anything to, you know, to have her here at school with me and to have those responsibilities. But I felt very guilty for saying that I wouldn't take her. And not telling her but telling my mother that if she gets it in her head just take it out because she's not coming - that kind of thing.*

Another source of guilt for Angie centred around not learning more about the problems that Donna was having. Angie explained to me that it was more what she didn't do to help Donna as opposed to things she might have done to her that brought about feelings of guilt:

> *Well, sometimes I feel guilty now that I didn't seek the knowledge. Knowing that I was a psychology student and it was something I was going into, but that if I didn't come across it then I didn't really go out and look for it. It was... it was kind of different, I mean if it was my...maybe if it was my child, kind of thing...if I was an adult and being my child, even if I wasn't doing what I am doing I would probably seek more knowledge on it.*

As already mentioned, feelings of guilt were not an overwhelming experience for Angie. She thinks this was a much bigger issue for her parents:

> *Probably being parents - being her sister maybe I felt much less responsibility, but...I felt that they felt they killed her.*

Near the end of our interview I inadvertently brought up the subject of feelings of relief after Donna's death. Even though she hadn't specifically referred to such feelings, Angie spoke of this matter without hesitation saying that she thought it natural that people

would feel relief after living with someone with a mental illness for so long. Speaking of her own relief Angie told me that:

> *I guess it would be just in general that you don't have to, you know, be on watches like that all the time, that you don't have to...walk on eggshells, you don't have to watch everything you do, you don't have to....I don't know, there wasn't as much fighting in the house, there wasn't as much, you know, she wasn't exploding all the time, but, you feel like, a little relief coming back again. You also feel guilty for thinking that, that "God I shouldn't think that way." Because you, like I said, you would do anything to have to do that again - to have her back and do that again. I think my mother felt the most relief and she felt very guilty about, um being able to go out of the house and not have to worry, or just the fact of being able to get out of the house, my mother felt very guilty. Ya, so I guess she'd feel more relief than I would.*

While discussing guilt with Angie, she told me that sometimes she would get caught up in posing "what if" questions to herself. This dialogue between Angie and myself shows how Angie came to answer these sort of questions:

A *I mean it is hard to live it, you know obviously you can't be responsible for choice, but you got to believe in it.*

S *Was it the case before that you might tell yourself that but not really believe it?*

A *Well you're telling yourself that, and you're trying to tell yourself that - when you are feeling really guilty, and you're feeling like, Well what if I had...? What if we had been there? What if I had taken her to this appointment I probably would have walked her in the hospital, you know? What if, like I talked to you before and someone had been there before or we were able to stop it this time, would there be another thank you at the end? Would she get through it again ? Or is it, you know, is she better off not here? You know?*

Angie explained to me that in the end the "What ifs" don't really matter because they can't be answered. I asked her if it was helpful to learn this and then probed as to what her process was in dealing with such questions:

S *So was it helpful to learn that the "What ifs" couldn't be answered?*

A *I don't think that you could learn it - you just have to eventually realize it - you just kind of...Well you never can come up with an answer really, so eventually you have to accept that there can't be answers. You kind of have to just, I don't know, accept the whole thing - not worth hanging on to it.*

S *Do you have any idea how that process worked?*

A *No.*

S *Like if you had to - if some one else came to you and said, "I know I shouldn't feel guilty, but I do and what if I had done something differently, you know, what if I...*

A *Well I'd say "What if you did?" - what would that have done? Because you're going to think those thoughts through, you know but... What if you did save her? Well, she would probably just try again. I mean she tried so many times, what's going to be different next time? Anything? Probably nothing... And when is going to be her next attempt? Because she tried so many different times and every time, like you said, it got a little more lethal.*

Following this exchange, Angie suggested that the process of coping with feelings of guilt had a lot to do with just rationalizing things out, adding that immediately following the death she was really just numb and likely very irrational.

Perhaps testament to the way that Angie handled any feelings of her own guilt following the suicide is the role she took in giving advice to others who were feeling guilty. In particular, Angie offered the following advice to the friends of her parents who Donna had run into in the hospital just prior to committing suicide:

I remember telling them, you know like, me and my mom, were telling them that you can't feel guilty, you didn't know, nobody knows what is going on in their mind - we didn't know that she had her electrical cord in her bag.

Angie says that today she doesn't have any feelings of guilt in regard to Donna's suicide, and explains how the idea of personal choice helped her deal with the issue:

I don't feel guilty now, I kind of dealt with that I guess. I kind of realize that - Dr. Kovorkian kind of thing - it's her choice. I don't believe in euthanasia, but...I'm not sure I haven't decided yet, but I'm not going to get into that. But that you can't be responsible for what you did so much, you can't be responsible for someone else's choice - the choice that they decided to make at those few moments that you weren't there.

Anger was a much more prominent feature of Angie's bereavement than was guilt. Angie explained to me that though it was Donna she was angry at, this anger would often be taken out on her fiancé, Mark:

A *We'd go out on the weekend and if I had a drink or two or a few I would get to the point that we'd always end up in a big fight. And we'd go out, we'd end up having to leave the bar and then I'd just blow up over - actually when I blew up I didn't have any idea why I blew up at him...*

S *And you think this was part of the anger?*

A *Ya, I was very angry. Whenever I blew up it would always turn back to her somehow. So because I don't like to cry, then I'd end up doing it when you have less control over your emotions.*

S *Like in the bedroom?*

A *Or... In the bedroom, ya, or when I had a few drinks...well the bedroom was alone.*

S *Uhuh, but in a social situation after a few drinks you might?*

A *Ya, so I'd leave...I'd get very angry because I would feel myself getting emotional and upset and I don't like to get that way. So when I get emotionally upset I get very angry and I'd want to leave and I'd want to leave now and I'd go outside, and I'd kind of explode at him in an angry way and then I'd be very emotional. And that happened for most of the summer, for a good two months. And it hasn't happened since, though, but it happened for about two months, and*

he was just like "You got stuff to figure out", you know, what was happening, to figure out what was going on.

S *And, what was the anger...the anger was at what?*

A *Oh her - I was angry at her.*

S *For doing it?*

A *Ya, I was pretty angry at her.*

Angie explained to me that she did initially feel some guilt over the anger she felt toward her sister, though maintains that today this is no longer so. It was actually a therapeutic exercise experienced in one of her classes that ultimately allowed Angie to let these emotions go, adding that the timing was, and needed to be, right for this exercise to be successful. Angie also found it therapeutic to write a paper on the subject of suicide survival. She mentioned that one thing she stressed in this paper was that she was not a victim -- no one intentionally tried to hurt her -- she was just a survivor.

It seemed clear from my interview with Angie that the experiences she had growing up with a sister who was mentally ill and suicidal, along with all her exposure to psychologists, psychiatrists, and hospitals, profoundly influenced the person she is today. I asked Angie if this were the case:

S *Well I guess I was just wondering whether the person you are today in any way has been influenced by your experience and what you've been through as a survivor?*

A *Oh ya, I think so. It's...well for one it's what makes, not making me, but what inspires me to where I want to do my work and where I want to, you know, work with adolescents, and that kind of thing, and fill the gap that's in Cape Breton. I also feel that I have, not have, but fill the need to be able to be more empathetic with parents who are suffering and the siblings, that um, they need support too and that support so often you only get it from on the sidelines.*

In the future, Angie has aspirations to set up a psychology practice working with children and adolescents. One of the people who is a professional role model for Angie is Donna's psychologist:

S *It sounds like there was something about this psychologist that you admired and respected.*

A *That I admire? Oh ya very much. Like...It's a funny thing that when I was in grade 8 a psychologist came to our class because I had told the teacher I wanted to be a psychologist. So they brought a psychologist in, and the funny thing was that it was him, but he hadn't started seeing her yet. So I remember this tall guy, and I remember...and then it was him and then years later he becomes...Well now he's a friend of the family kind of thing, too but... And then years later he comes into our lives through my sister. And the thing is when I was fourteen I wanted to be like him, and now that I know him, I want to be, like you know, I really admire him.*

Another experience of Angie's that drives her quest to become a psychologist has to do with the poor quality care that her sister received. Angie tells one particularly distressing story of how Donna had been treated by some nurses:

> *The nurses aren't very nice. They...she actually had a - my sister was very...how do you say... she had a very strong will - apparently you have to be strong willed to keep trying to commit suicide all the time. If she put her mind toward something that's the way it would be. And she didn't get along with a lot of the nurses. Actually the nurses would actually get in fights her, like arguments, you know? Like to the point that when they are trying to talk her down when she's trying to kill herself, they'd say "There's the window - go for it." And it's Plexiglas, they actually let her run at the window and slam herself off of it - two broken hands and a slashed head.*[3]

Angie believes that she will bring to her work as a professional psychologist an increased compassion and empathy not only for those who suffer from mental illness,

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[3]These she already had from her car crash suicide attempt; they did not actually result from her running at the plexi-glass.

such as her sister Donna, but for those family members who must live with and care for the mentally ill each day of their lives.

Epilogue

Once I finished writing Angie's story I handed it back to her to receive feedback on how well it represented her experience. After giving her a few days to read it, I met with Angie and received the following comments. Angie told me that she thought the story write-up was very good and that she liked the way her story was broken down into three composite stories. The only corrections Angie pointed out were grammatical. Angie did not suggest any revisions of content or interpretation.

Jennifer's Story

The second person I interviewed was Jennifer. Jennifer lost her fifteen year-old son Clarke to suicide on January 19, 1996. Jennifer lives with her fiancé Ron and twelve year-old daughter Lisa. Though trained as a nurse, Jennifer works for a security company that specializes in concert security. I first made contact with Jennifer through a suicide survivors support group. I contacted this group to see if any members would like to partake in the research. Jennifer, who helps run the group was very interested in what I was doing and immediately offered to participate.

Unlike the other participants whom I interviewed once, Jennifer and I met on two separate occasions. Our first interview took place in Jennifer's home on the morning of April 24, 1997. After introducing each other, we settled down to the kitchen table with morning coffees close at hand and I began explaining to Jennifer what the research was about and what her rights were as a participant. In the end this task, which normally takes about fifteen minutes, wasn't completed until at least an hour had passed. Every time I mentioned something in regard to suicide, it sparked something for Jennifer and a story would, like a reservoir about to overflow, just pour out. Unfortunately, I wasn't able to capture these wonderful spontaneous stories on tape because I had not yet received informed consent. I did, however, make note of them so as to broach them later when the tape recorder was on. Thus, because we started late and were interrupted at one point by the arrival of Jennifer's daughter, Lisa, who was home from school for lunch, we were unable to finish our interview in one sitting. Thus, we had to meet again and, because I was out of town for three weeks, this was not until May 22, 1997. During both interviews I was struck by Jennifer's energy as she recounted her experience. Her story was lively and animated and I sensed that Jennifer was someone with a mission, that is, someone who cares deeply about the people she loves, the person she lost, and the lives of all who have been touched, as she has been, by the hand of suicide.

Here now is Jennifer's story of surviving the suicide of her son Clarke. Again, I present Jennifer's story in the form of three component stories, Jennifer's story of Clarke, Jennifer's story of her relationship with Clarke, and Jennifer's story of self.

Jennifer's Story of Clarke

Clarke

According to Jennifer, Clarke was just your typical teenager. He attended school, played the guitar, listened to popular music, argued with his parents, went out with girls, and was active in a social group of friends. For Jennifer, nothing in Clarke's history foreshadowed that he would one day end his life by suicide. There was no depression and no previous attempts. If there were signs that Clarke was troubled in some way, they were not apparent to Jennifer at the time:

S *So in the time prior to the suicide you didn't notice changes in Clarke?*

J *No. He apparently had written poems for his friends at school and had given poems away to people, and after he had died I had people phoning me and saying "He gave everyone else a poem, is there one there for me?" And I had found a couple of letters actually after the fact that were to certain people and he was very angry, very mad at some people, and I didn't give those kids those letters because they had enough to deal with. And he had given Lisa his backpack, his favourite backpack, and...it wasn't a big deal, like it wasn't like a ceremonial thing it was just kind of - Ya well, I'm using this other one - it's no big deal. And so we had no indication that way. He was always a night owl, so for sleeping patterns they say that is one of the key things, the sleeping habits change. Well, I'm a night owl and so sending the kids to bed at eight o'clock, they would just laugh at me. And it didn't matter if Clarke went to bed at eight o'clock or ten o'clock or midnight, he would still stay up and you would hear him rumbling around for a good two hours and still get up and go to school. And because I had done that myself I didn't see anything really dramatically wrong with this. And apparently that is when he was sitting up and writing his poetry and some of it's very sad, and he would give me his book to read - his poetry book - and I had asked him -- questioned him on a couple things, and he would just laugh and say "Mom, like I'm just writing, you know - don't be so silly".*

S *What kind of questions did you ask?*

J *Umm, when I would read the poems and...*

S *How did they strike you?*

J *They were very sad. And because of what he was listening to for music, I kind of thought...and because he wanted to be the guitar player and be the rock star kind of thing, you know, listening to Nirvana and who else did he...Metallica. He listened to a variety of music. And he would listen to things like the Jonathan Livingston Seagull motivational tape, he'd listen to that. He would listen to Smurfs. Like I mean one day I heard Smurf music coming from the bathroom and I thought I was going crazy until I went down stairs and said "What are you doing?" "Nothing" and I said "Were you listening to smurfs?" and he just kind of grinned and looked at me, and I said "What are you doing?" he said "I'm reliving my childhood" and I said "Okay" (laughs). And you know it was later on in the evening and I never took it to be a scary thing that he was thinking of killing himself ever. And there was nothing outright that said there's a possibility - granted he argued with us and, you know, didn't want to follow the rules like a typical teenager.*

Something that did seem to upset Clarke was the family's 1995 move from the west end of Edmonton to the south side. Though it was upsetting for Clarke to be moving away from his friends, Jennifer saw this move as one that would provide her son with some of the things that he was looking for in his life, like increased popularity, a house instead of a condo, and a bedroom in the basement. Once he secured these things, it seemed like it wasn't what he wanted at all.

Though he was not happy about moving away from his old friends, Clarke quickly made many new friends. To his peers, Clarke was a person who they could come to for help when they were having problems. Jennifer described her son as someone who was always twenty years older than his chronological age, adding that he fascinated people with his wisdom and maturity. She also saw Clarke as someone who was over-sensitive and felt too much:

J *One day I had 14 different girls phone for him and it wasn't the same girl twice. There were 14 different girls that all wanted to talk to Clarke. And he was their counsellor, he was their protector, he was so many things. Some of the boys that came to Clarke's funeral that were so upset that he was gone, and they were smaller little guys and we found out that Clarke was their protector and he was*

the one that would say - you can come and be my friend and I'll look out for you, and no one is going to beat you up as long as I'm around. And the girls would talk to Clarke and tell him that they were having a really bad day and he would sit down and say - well tell me about it. And he thought that he could help them by listening. He was the little social worker at school so that's...

S *So he was one who would help others then?*

J *Ya, oh definitely.*

Though he took the role of helper amongst his friends, there were aspects of having many friends that frustrated and angered Clarke. Jennifer explained that Clarke would come home from school mad saying that he was being used by the same friends that he had helped, that girls were playing him off against other guys to make their boyfriends jealous. Again Jennifer did not regard this as anything but typical adolescent high school behaviour:

So, just the inner school conflicts of so and so said this and then this happened, and...but again for me, I mean it was just typical kid stuff. It was nothing out of the ordinary from what they tell you in the books about how children behave when they become teenagers. And having never had a teenager to raise before you kind of do the hit-and-miss thing, and this is what they tell me, and so this is what I think, and this is what you do, and then you go - well wait a minute this isn't the right thing. So it was really hard to think that I did the wrong things or maybe I should have picked up on this or that. But when I would ask him when he was upset he would come home and he would be really mad.

Another thing that upset Clarke was the absence of his father. Jennifer explained to me that even though Clarke's father was emotionally and physically abusive to both her and Clarke, Clarke was still very disappointed that he never attempted to see him or his sister. When Clarke was ten (1990), Jennifer divorced Clarke's father who, after 1993, was never heard from again. The last contact Jennifer had with this man was to tell him that his son was dead. To his friends at school, Clarke presented his father as wealthy and living in France when, in fact, according to Jennifer, he was living on about "fifty bucks" a month in Calgary:

J *I think he wanted to be able to tell these kids something, and I think Clarke always wanted to mean something more to his dad than he felt he did. And I think by his dad abandoning him totally - I didn't think that it would make that big of a difference because he wasn't a nice man, and I guess it did make a difference because Clarke had talked to his other friends about his dad and so I know it was on his mind. And even up to the day before he died he would talk about it, so...*

S *You were talking to Clarke right up to the end about his father?*

J *Ya we had talked about him the day before, and Clarke had said he was very angry that he didn't know where his dad was - how could he just walk away and forget about these kids...true. You know, and since Clarke's death when I did talk with him he did say that he felt it was best, that Clarke not have any contact or Lisa with him.*

According to Jennifer, anger was a quite a pervasive emotion for Clarke, though she says she couldn't always be sure of just what it was he was angry about. She hypothesized that Clarke was competing with Ron as man of the house, and that he felt frustrated that he would have to wait to take on some of the traditional roles of responsibility:

Ya, a lot of anger. He was very mad about a lot of things, but I don't know what they were really. I am pretty sure that he was mad at his dad. He was mad at Ron, I mean when Ron would say - doing the fatherly role of - no you can' t go out past one o'clock in the morning on a school night and your homework has to be done before you can go take off on your bike for three hours...and typical rules of a family. But he basically said "I don't have to do what you say because you're not my dad - I don't have to listen to you". Well, and that's when we started thinking after Clarke died that maybe the part about his dad really was a big thing. You know, he thought that he had to be the man of the house and that was something after I got divorced because Clarke was the only man in my life. I think he felt that he should shoulder a lot of responsibility. And being the first born I mean, I am the oldest of three girls and they see how I have taken the mother role from my sisters, and I think he tried to do that as well, like almost take on the fatherly husband role. He used to always say " I want a job, I want a

job" from the time the kid was thirteen he wanted to go get a job. I said but you can't because you're not old enough. So I think he was really frustrated with a lot of things in his life, you know his friends, his family.

Despite not always getting along well with Ron, Jennifer points out that a lot of Clarke's behaviour would suggest that he really admired Ron and wanted to be like him. Clarke would borrow Ron's clothes, work on vehicles with Ron, learn airbrush art from Ron, and even dyed his hair the same colour as Ron's. And when visiting over night at friends, Clarke would talk with pride about all the neat things his mother and Ron did. Jennifer thought that because of his experience of abuse from his father, Clarke may have been trying to protect himself from becoming hurt by Ron by not becoming too emotionally attached.

In our conversation, Jennifer gave a very complete description of what happened on the day that Clarke completed suicide. Hearing about this helps one to understand Jennifer's story of self. Thus, I present it in detail here.

On the day of Clarke's suicide Ron came home from work an hour early because he was about to start a weeks vacation. For months Ron had suspected that Clarke was breaking into their bedroom, though Jennifer would never believe it. As it turned out, Ron was right. When he arrived home that day he unlocked the bedroom door to find Clarke on the inside of the locked door. Without incident Ron told Clarke to get out of the room whereupon Clarke went downstairs to his bedroom. Ron then called Jennifer who was at her sister's to tell her what had happened. Jennifer hadn't yet arrived at her sister's so Ron just left a message for her to call when she arrived. When Jennifer arrived she returned Ron's call and just told everybody to stay cool until she got home. Ron let Jennifer know that everything was fine. After leaving her sister's place Jennifer went and visited her mother for about twenty minutes. Before she left, Jennifer asked her mother to call her house but she never did. When she finally got back home, Ron's car was gone and the house was very quiet. Jennifer went upstairs to Lisa's room to ask where everybody was. Lisa thought everyone was still in the house, so Jennifer went back down to have another look. With no sign of Ron in their bedroom she went down to Clarke's room to talk to him:

I went down to Clarke's room to go and talk to him, and I found a couple of notes on his bed and the first one said suicide note, and it said "Take lots of pills, go for a long walk.", and that was as far as I got, and I just kind of went "Okay!" So in my mind I figured Clarke probably did go for a walk, he probably left this,

and stormed off out of the house and Ron went to go and find him - which is typical - Clarke had done this before and of course we always went to go and find him. So I rationalized that that's where everybody was. Then the phone rang down in the laundry room which is about twenty steps out of Clarke's room but you kind of have to make like an S-curve to get out of there. So I did that and took the notes with me because I knew there was another piece of paper underneath, as well as finish reading this plan that he had. And then I went to go into the laundry room to answer the phone and I picked up the phone with one hand, but because I hadn't turned the light on yet, I tripped over some stuff that was on the floor and I went to go and touch the deep freeze which is three feet away, and when I went to put my hand on the deep freeze instead I ran my hand down Clarke's arm and he had on his favourite kind of shirt and I went - this doesn't feel like the deep freeze! And I still didn't look, but I ran my hand again, the same thing I did. I guess I picked up the phone at the same time that I did this the second time, and when I picked up the phone I turned to look and see what that was, and that's when I saw Clarke and I just screamed. And I guess I must have hung up the phone again and turned the light on and I was just panicking trying to get him down. And because I do have nursing training, I mean my first thought was to lift him up to relieve the pressure. Well the kid was about two and a half - three inches taller than me anyway, he was a big boy. So for me to try and lift him up from the floor to reach above him to try and untie him, no, it doesn't make sense, but I did pretty good. And Lisa of course heard me scream and so she ran from upstairs down stairs, and I did not want her to see Clarke like that. And there's um, when you come down the stairs it's not blocked off like the stair case is open so you can see into the laundry room, and there's a little pantry space in between, and Ron had built some shelves, and so when Lisa came running down the stairs there's also a little shoe box that you put shoes in by the stairs, so she had gotten just passed that before I said "Uh uh! Upstairs!" And she was like "What's happened, what's going on?" I didn't even know what to tell her, it's like "Just get upstairs". But apparently she had ran down far enough that she had seen him, which bothers me because I wouldn't...I mean I could almost draw it out and tell you exactly what it looked like there. I feel bad that she did see that.

In the ensuing moments Jennifer simultaneously struggled to keep Lisa calm, talk to 911, and cut Clarke down from the ceiling:

There was just no way that I could untie Clarke because he had used an electrical cord which wasn't going to give. So I remember telling him that I had to leave him that I would be right back and it was just so hard to let go, like - can't I just take you upstairs with me while I do this? Well obviously I can't. And just that physical let go for that second to run upstairs. In the mean time Lisa's standing there with the phone going "I don't know what to say, mom they want to talk to you" So I picked up the phone and said "Yes" and in the mean time I'm looking through the drawer because there was one knife I wanted. And so I'm looking through the door and in the mean time the guys says "Do you need an ambulance?" and I said "Yes." And I gave him the address, and I remember in nursing training - always give the address twice and clearly. So that clicked, So I gave him the address twice and I said "I gotta go" and I just threw the phone, I didn't even hang it up, I just threw it on the floor. And I had the knife and Lisa's like "Mom what are you doing?" "Um, never mind I'll be right back". I'm sure she's probably going - she knows something's not good, and like I said because she didn't tell me until months and months and months after that yes, she had seen Clarke. So when I got back downstairs whatever I had loosened or whatever I had done trying to loosen the cord had worked and he had fallen to the floor. So that was kind of freaky when I went back down stairs. So I tried to untie the cord and there was no way, and I realized that I would have to cut it, and that was just the most horrible feeling to look at my son and put this knife to his throat and cut this cord, it's like...that birth thing, you know it was very symbolic...I'm thinking this is not the way it is supposed to be at all.

After getting the cord off from around Clarke's neck, Jennifer began CPR, though within minutes the fire department was on the scene and took over the job of trying to resuscitate her son. When the ambulance left the house the paramedics were still working on Clarke. For Jennifer, this was a sign of hope that maybe Clarke would be okay. Later Jennifer would reconstruct the timing of Clarke's suicide and come to the conclusion that it was only a ten minute window of time that he had to do it:

Ten minutes - he had ten minutes ...ten minutes! And those ten minutes will haunt me forever.

Clarke ended his life sometime between 5:35 and 5:50 January 19, 1996. After his death Jennifer found a book of Clarke's dating back to 1994 in which Clarke had written inside that he wished he could kill himself and wished he could die. For Jennifer the reason behind her son's tragic wish remains a mystery.

Jennifer Story of her Relationship with Clarke

A Mother and Her Son

Many of the descriptions that Jennifer gave of her relationship with Clarke sounded typical of parent-teenager relationships. There were arguments, there were times when Clarke resisted doing what he was told, and there were times when Clarke felt that his mother put too many restraints upon his freedom:

> *He used to tell me "I wish you wouldn't care, you care too much." And he said "I wish you could be like Claude's mum." I said "But Claude's mum is never home." And he said "Exactly, Claude can do whatever he wants." And it's like "No, I wish I could but I care about you, I can't let you do all these things because I don't think they're good for you." And I said "That is my job as a mum whether you like it or not."*

Clarke's perception of his mother as "caring too much" may have been related to Jennifer's own abusive upbringing. Jennifer told me that she grew up in a physically abusive household with alcoholic parents who fought all the time, and thus it was important to her not to repeat the abuse that she had experienced. This is evidenced in this next account where tells of her philosophy of child rearing:

> *I was raised in a physically abusive family, you know "If I want your opinion I'll beat it out of you" kind of thing. And so when I had kids I always vowed that I was not going to treat my kids like that, and so it's gotta be really at the breaking point, I mean lickings I don't do lickings. And sometimes I lose my temper and I may yell, but, lickings on a regular basis - I mean I was pretty much used to them. I always felt it was much better to write down...my punishment for the kids would be...like Clarke skipped cubs one night and he comes home in his cub uniform, "Oh how was cubs?" "Oh it was fine we did*

this and that." "Oh yeah? Your cub master phoned me and you didn't go." And rather than giving him a licking I would tell him "You owe me an essay. You tell me why you skipped cubs, why you lied to me, and if you have a valid point, okay then we'll go from there but you make me see your side and then we'll discuss it because right now you knew what you did wrong but I believe that you had a good reason so tell me what it was, make me see your side".

Despite her best attempts to provide her children with a better childhood than she had, her only son committed suicide. For Jennifer, this brings forth feelings of anger toward Clarke. In this next account Jennifer speaks of this anger, and then goes on to discuss another part of her relationship with Clarke that has to do with his not living up to his potential. This trait of Clarke's would also frustrate Jennifer:

J *And that's why, I don't know, I get really mad. I thought Clarke had a much easier life than a lot of other kids did and so there's some anger in that, How could he do this?" Just "How could he do this?" And I thought that if he was still here he would be doing so much good. You know, I mean there was always something about him there was always.. you know..*

S *So some anger around not fulfilling his potential to do good in this world?*

J *That's exactly it - yes! That...A lot of his teachers came to his funeral which was rather interesting for me because I hadn't really met a lot of his teachers, especially from his new school. And I had read their comments on his report card and they were very very nice comments that Clarke was a joy to have in the class, and you know, not living up to his potential, but he was a lot of fun. They said what's he doing? Why is he not doing all things that we can see he knows how to do? And I would tell Clarke too, I'd say "You slip up because you say I'm just stupid, but no you're not, because you slip up and you show me how smart you are, and you do things that prove to me I know how smart you are".*

Clarke didn't like his mother pointing out to him that he was smart and had potential. Trying to convince him he was turned into an ongoing feud for the two of them.

One thing that Jennifer now regrets about her relationship with Clarke is that on many occasions he was witness to her own feelings of frustration, anger and suicidality.

Jennifer sometimes worries that Clarke may have seen her behaviour as a reflection of who he was or as due to something that he may have done. This has led to feelings of guilt for Jennifer:

J *So again it comes back to feeling guilty because maybe I shouldn't have felt like that...Clarke knew how unhappy I was in so many things in my life, and um...*

S *You shouldn't have felt like...what?*

J *I shouldn't have felt like I wanted to kill myself and verbalize it. I shouldn't have felt bad, I should have always tried to be the happy one - but I did, like I've always...never mind me if I'm feeling sad or bad, just carry on and everybody else will be okay.*

S *But Clarke did see you in some respects as an unhappy person? And you think...you're guilty perhaps "I shouldn't have shown him that side of me", is that what you're saying? Or...?*

J *Ya , I shouldn't have...I mean him and I used to, because he was so much older than his years, I mean we used to have quite deep conversations about the meaning of life so to speak, and he knew that things in our family weren't the way they were supposed to be. And he knew that I tried to fix everything and to have the ideal family life, and that for other people it, just wasn't as important to them. And so ya he saw me angry and frustrated a lot. And I'd say the thing that I've learned now is that maybe that he thought I was angry and frustrated at him. And of course being a teenager and stuff, of course I'd said to him - smarten up.*

Though Jennifer now thinks that she should never have shown her negative emotions to her children, at the same time she wonders if she had committed suicide herself, might this have ironically served to save Clarke's life?

It goes back to what would have happened if I would have decided to do away with myself all those times that I felt like it. Then I look at...if I would have in the year before Clarke died, if I would have decided to say - okay that's it, I'm out of here. Would that have made Clarke stronger?

You know would he have said - well okay, now I can't? Or would he have said - to hell with this, I ain't sticking around either?

The special relationship that develops between a mother and child is one that continues even in that child's absence. For Jennifer, her hope is that Clarke's impact from having been brought into this world is not lost and forgotten, but that something meaningful about his life will persist .

The biggest thing I would say was that having had the chance to know Clarke and to see who he was as a person, to have all that disappear just because he died, really just bothers me greatly because... I don't think he would have had as many friends as he did if he was a bad person or if his life didn't mean anything.

Jennifer's Story of Self

Jennifer

Enthusiastic. This is the word that immediately springs to mind when I contemplate what it was like to meet with Jennifer on the two occasions that I interviewed her. To me, Jennifer presented herself as someone who loves her work, cherishes her family, and is committed to learning more about suicide and sharing this knowledge with others.

In Jennifer's family of origin she is the oldest of three daughter, her next sister closest in age being ten year younger. As mentioned earlier, Jennifer grew up with physically abusive and alcoholic parents. Jennifer said that her role in the family while growing up was that of caretaker, the strong one, the one who would pick up after her parents' fights. Jennifer always considered herself to be the good child, the child who would do as she was told and put the needs of others ahead of her own. This pattern of putting the needs of others ahead of her own, established in childhood, persisted into Jennifer's adult years and was something that Clarke noticed and disliked. Clarke would protest on his mother's behalf that she shouldn't let others treat her so unfairly. Since Clarke's death, Jennifer has become more assertive with her needs. She connects this new behaviour to her son's suicide and looks upon it as his gift to her. There is, however, some guilt attached to her new behaviour:

Clarke used to get very angry with me, he'd say "Mom don't do that!" And he always felt that I should get the whole cookie and not just the broken cookie and things like that, that mom's do - well of course the kid gets the bigger piece or what ever. And he'd get really mad that I wouldn't take stuff for myself. And for this other mom and I have mentioned that maybe that was the gift that our sons have given us, was being able to find a place for us to say - I don't care what you need, what you want, what you think, I'm doing this because I need and want to. And it's so hard, it's incredible! Guilt all over the place! To take twenty minutes to sit down and do something you like.

Jennifer is intrigued by her finding that this same pattern (having a caretaker role in the family of origin, not asserting one's own needs, and the deceased child disliking this aspect of his or her parent) shows itself in the other parent survivors that attend the support group for survivors of suicide. This is something that Jennifer says she would like to look into further in the future.

Another pattern of behaviour that followed Jennifer from the time she was a child until present is her own feelings of suicidality. Jennifer explained to me that she has had thoughts of suicide since Clarke's death, but that it is a mistake to say that this is a direct result of Clarke's death -- She has felt this way for a long time, but says unlike Clarke, she has never had the courage to do it:

J *Usually if I'm just upset about things that are going on now - about things or life or just...when I just feel horrible...when I feel suicidal and really...it isn't about Clarke . It's just I, like I said, I felt like this before he died. I've told people I felt like this since I was thirteen. When counsellors say "Have you ever felt suicidal?" Well I laugh and say "Ya half my life, what's the point? " (laughs) So to me that almost seems normal. I know that sounds strange, but it's almost like I've always felt like this.*

S *Something that you've lived with for a long time?*

J *Ya, and maybe that's why the whole unreality of the fact that Clarke actually did it that shocks me because when I think about how many days and nights I have sat and thought, from being a kid to being an adult, of ways and means and - "That's it, I'm out of here". And yet I could never do it, and then he goes and -*

the first try kind of thing, it's like waves just how it kind of crashes up against the shore every now and then it hits you in the face.

and

J *Before Clarke killed himself I used to, I mean for at lest a year before he died, that's how I felt. I know my kids heard me say "I just wish I were dead" "I just wish I were dead!" And I meant it, but I was never brave enough to do anything about it. And when they say that suicide is an act of cowardice - no! I used to think that too, I believed it until I actually had stood down stairs and contemplated how my son at fifteen could feel that bad that he rigged everything up and then said "See ya". Because I've gone down there and I've looked at everything and I've stood in that spot and went "Hmm" I really don't think I could do it.*

Jennifer also explained to me that contemplating her own suicide is like a double-edged sword in that if her reason for not doing it is because of how it might affect others, then once again she is putting the feelings of other ahead of her own. Ultimately she says knowing how much pain she experienced through surviving suicide prevents her from doing the same thing to others.

Though Jennifer faced many struggles while Clarke was alive, his death brought with it many new emotional hurdles that she would have to face. The following stories describe what it has been like for Jennifer in the time that has passed since Clarke completed suicide, beginning with the doctor's verification that yes, her son was dead:

So we went in the police car to the hospital and then the doctor of course came in and said "I'm sorry" Well he didn't need to say anymore. And I remember watching people on TV and stuff when they got the bad news, and just watching their reactions, and it was funny because I felt I should have, I don't know, reacted more? Like I remember letting off this howl that I still can't believe I did that. But just that incredible agony that in my heart I knew, but to hear it with my ears were two different things.

Even in the midst of this initial rush of emotion, Jennifer informed the hospital staff that she wanted to donate Clarke's organs. Jennifer said signing the paper work was one of the most difficult things that she did:

I remember agonizing over signing that piece of paper, even though it was something I wanted to do, it was just hard to say "Ya sure do it". And of course they were going to wait until we had left the hospital for the evening, but they did tell us about what the window of opportunity was basically and the time frame. And so it was hard to leave the hospital when I knew that at zero hour he was never going to be the same.

The morning following Clarke's death it took all of a few seconds for the reality of the tragedy to sink in. Now would be a time of phone calls and arrangements as notifying friends and loved ones of the death and planning the funeral needed to be looked after. Jennifer noted that in the days immediately following Clarke's death she received some very helpful support from friends but not from family. During this time, Jennifer described herself as passing the days in a state of numbed irrelevance:

Numbness. Oh it was a total no relevance - I call it the big long moment, because I can't remember per se what day anything happened, who said what - I know they said this but, couldn't tell you if it was a Tuesday or a Friday, Was it a day after? Was it a week after? Maybe it was a month after. And no time frame - sleeping, eating - forget it. People would bring food, and Ron's work brought three boxes of food and that was very nice, I mean that really surprised me. And people were very helpful in little ways...a friend of mine came and basically gave up her family life and came and did whatever I needed to here. And she is one of the last people that I would ever expect to do that, so that caught me really off guard. And the people that you thought would be around like my sisters for instance, my mom, my family were nowheres, and the same thing with Ron's family.

Jennifer said the numbness lasted for about a month until Valentines day. Valentines day had always been special to Jennifer, and knowing this, Clarke would likely have bought her something on this occasion. Thoughts of what Clarke might have got her, as well as the many Valentines he would have received from friends at school, served to awake Jennifer from her numbness. She ended up contacting another mother that day who had lost her son to suicide in December and the two of them just took turns crying and comforting each other over the phone. Jennifer said that it was incredible to talk to this woman because she knew just how she felt. But what really saved Valentines day from being "just horrible" was a letter that Jennifer received later in the day from the

Hope Foundation telling her that Clarke's corneas had been successfully transplanted in two different operations:

> *The funny thing was later on that day I had gotten a letter from the Hope Foundation that said they had used Clarke's corneas in two different transplants and that they were successful. So that to me even though Clarke wasn't physically here, he sent me a Valentines day card. And I told the lady when I did the CFRN report that that's why I got my letter and that was my Valentines day card from him. It's that "You know it's OK mom" and he still sent me a card. And how wonderful to think that there are two people that can see now thanks to him. And so there were some good things, but I would say that Valentines day was when the numbness really wore off and the reality started to sink in...He's not coming home, he's not just...I mean for a while you can kind of kid yourself and say - he's just at a friend's, he's sleeping over, he's out...you can rationalize and make up excuses for quite a while. And then, when it comes right down to, okay he hasn't been home every day for this long...ya, you know.*

Since Clarke's death, hardly a day goes by that Jennifer doesn't think about him. There are times when the image of him hanging in the basement just pops into her head, bringing back Jennifer's dismay and disbelief that he could actually carry out his own death in such a manner. Jennifer explained to me that some days it would almost be like she forgot that Clarke was no longer alive. She would look at her watch and wonder why he wasn't home from school yet. But then some cue would snap her back to reality and she would once again feel the emptiness of his absence. The beginning of the new school year was an especially hard time for Jennifer as she couldn't help but think about what her son would be doing now that he was entering a new school with new rules allowing for new freedom. And then only a few more years until he would be out of school, working, and driving a car. These were things that triggered feelings of sadness, loss, and regret for Jennifer. In this next account Jennifer tells more about what triggers her sense of loss and adds to this her sense of disbelief and regret that things with Clarke will never turn out the way she had always imagined:

> *I don't know if it's just kind of what's going on in your life at the moment that it intensifies that loss because some days I mean especially, um... mother's day was an okay day. Of course you go by special events and the 19th of every month...some months I just kind of let it slide by and gee I don't even notice and*

then other months it's like - Oh my God! And you know it really feels emotional for about three days. So when I get like that I really pay attention to what else is going on, and the whole unreality of it all seems to pop up and go - how can this happen? How can this really be what is going on? And then you had all these plans and dreams and life was supposed to be different.

As was discussed in Jennifer's story of Clarke, Jennifer was totally taken by surprise by the suicide. Never did she suspect that she would come home to find her son hung to death in her own basement, and yet, it happened. For Jennifer, this has led to a continual asking of questions and searching for answers:

Like I say there was so many questions about just the fact he would come to the decision of actually deciding to take his life. That is just one of the most overwhelming things that maybe even keeps me here is because I want to try and figure that out.

One thing that Jennifer desperately wants to gain a greater understanding of is what it was on that day that made him feel so bad that would choose suicide as the solution to his problems:

J *And so I think just part of trying to understand what it was that made him feel that bad on that day, and...I don't know..*

S *Sort of like what was it in his head that said this is the day?*

J *Ya, I mean, to think about it - okay sitting down and writing a note when you're mad, okay well ya, I can do that. But to actually then physically take the equipment and go and set it up and to carry it through that's something that I just can't quite comprehend. Even though, like I say, I've gone down stairs and stood and looked and...I mean...sometimes I've been down stairs and I've gotten on top of the deep freeze, to just stand up there and look around and to see how that feels.*

A big part of the puzzle for Jennifer is the fact that minutes prior to killing himself Clarke was trying to set up a date with a girl -- not the kind of behaviour to be expected from someone who was just about to kill themself:

J *Going back to that ten minute window that Clarke had. I'm going from him and Ron did not have a physical argument or raised voices or name calling. I mean that confrontation was so minimal compared to some of the other ones that they had...I just cannot say that that was the deciding factor in all of this. The fact that Clarke was on the phone after this argument with a friend of his trying to set up a date with a girl.*

S *For himself?*

J *Ya, when Ron picked up the phone to phone my sister to tell me that he had caught Clarke in my room, Clarke was already on the phone talking to a friend of his trying to get the friend to phone the girl to see if the girl would agree to go out with Clarke. And the phone call that I answered when I found Clarke was the girl phoning back to say that she would go out with Clarke.*

Thus, Jennifer explained to me the process of finding answers that she goes through:

J *There are so many different factors to say - oh well on that day of January 19th well of course you know that one instance just that was it, that was why.*

S *But it's not that simple...*

J *Oh, heavens no!*

S *So it's such a multi-faceted complicated thing to figure out and you still do try to figure it out, is that right?*

J *Oh ya everyday there are always...you might get some question you've been working on for months, you might find an inkling of what you think might be the answer, and yet when you look at that same information 24 hours later, you don't think that's an answer at all. So you're constantly examining, re-examining, re-filing, refiltering, you know it's like the huge human compost pile, you just go through it and process it and then you throw it back in, and sometimes you pull it back out, and sometimes you throw it away. You know it*

it's really complicated to try and put your life back together and that's the thing I have such a hard time with is this isn't like watching a bad movie and you get up when the movie's over and you carry on.

With all of her searching and probing as to what it was on that day that lead Clarke to take his life, it might only be natural that Jennifer would come to view someone or something to blame. This has not been the case. For example, though some of her family have suggested that Ron was to blame, and Ron himself makes the same assertion, Jennifer made it clear to me that she does not share this view. For a time, Jennifer was angry at the music industry and blamed Kurt Cobain for Clarke's death, this, however, did not last for long:

They were all very big Kurt Cobain and Nirvana fans, which bothered me because at that time I was really angry about - yes, definitely Curt Cobain killed my son. And thank god I've come to the realization that that's not true. It may have swayed his decision, but it did not make it in any way, shape or form. Just because he listened to the music? No, I don't think that brainwashed him to that degree.

If Jennifer is angry at anyone for contributing to her son's death it is with social services, whom she says should have informed her and the kids that her ex-husband was making back payments on his child maintenance. Jennifer believes that this knowledge would have been very helpful to Clarke:

J *Do you think that that information could have been really helpful to Clarke?*

S *I think it might have made a difference, I don't know how big or how small, but I think a difference, yes. And that's something that once my head gets a little more straight I really want to approach them and say I think this need to be changed. It's too late for me, but there are some other families out there, that I think you need to reform this and make that change so that the family, whether or not they get the money, have the right to know that payments are being made for the kid's sakes, because that's who it is supposed to be for. And so I think that the kids have a right to know, and I think it would have made a difference to us - even if we didn't get the money, that's not important.*

J *It would have changed their perception?*

S *Yes! So there is anger a lot that I still have focused over there that I haven't really dealt with because it's still...I can see the big roaring lion going over there and just screaming at them and saying "Do you know what I feel you had a part in?".*

Feeling of anger following Clarke's death seemed to be quite salient for Jennifer. For example, Jennifer felt angry and hurt that her family did not provide her with support following Clarke's death:

> *My mom, after my son died, even though she was sick with cancer, my mom never came to my house. She never came from the day my son died until the day of his funeral, and she only came the day of his funeral because we had people back to the house. And that hurt! I mean my own mother didn't want to come to my house. My sisters...my sisters...were ah, they came that night - oh not that night they came the next night - and were here for a little while, but neither one of them really has made an effort since to say, you know - hey you're having a bad day is it okay if we just kind of come and hang out? Or, do you need us to be there?*

Another source of anger for Jennifer following Clarke's death was the injustice of losing Clarke even though in her eyes she had taken measures to raise her children differently than her own mother had:

> *There's a lot of anger because I knew the things that she should have done as a mother, that I wished she would have done, that I tried to do with my kids...she never did. So it brings up the whole anger thing of how come my kid died and none of her's did?*

In addition to anger, guilt was also a prominent feature of Jennifer's bereavement. Again, because the focus of this research was originally oriented towards issues of guilt, I specifically broached this issue with Jennifer during our interview. Jennifer let me know that she did feel guilty following Clarke's death and that this guilt arose through a number of sources, including feeling guilty that she never made an effort to put her children in contact with their father, feeling guilty that her children were exposed to her own suicidality, and, in general, feeling guilty that there may have been

things she should or shouldn't have done as a mother. This next excerpt is an example of the type of thought process that lead Jennifer to feel guilty:

S *When did feelings of, ideas of responsibility for the death begin?*

J *Immediately, I mean I of course felt that if I wouldn't have spent time at my sister's, if I would have gone just to my mom's...I felt bad because I told my mom when I was at her house to phone home, like to phone my house, and to tell them that I was on my way home because I was only going to be there for a few minutes. And it just didn't work, she didn't phone. So you know I felt bad. I kept thinking I should have phoned, I should have said I would phone and I never did. So that was, that was incredibly - guilt feeling, and it just seems to uh, you know, every day there's still something that comes up that, ya, I still feel guilty.*

Though Jennifer says that she still feels some guilt today, it is my understanding that these feelings are no longer as strong as they were initially. Jennifer explained to me that the need to find an explanation for Clarke's death has lessened as of late the reason being that she no longer feels that she is the one to blame:

S *So it's important for you to have that explanation?*

J *I don't feel it is.. it is important but I don't feel it is as important as it was eight months ago.*

S *What's changed?*

J *That I've accepted the fact that I personally did not kill my son. That realization - that was a big one. And the other, just finding some other answers, where from talking with the other parents and knowing that we did our best as parents to love and care for our kids and do the right thing.*

A turning point for Jennifer in making this realization came while attending a conference for suicide survivors in Minneapolis. Before leaving for his trip Jennifer says she was definitely suicidal and wasn't sure whether she would even go. The conference turned out to be a boon for Jennifer's healing. For Jennifer, the difference

was between not caring if the plane was shot down while flying to the conference compared to feeling like she was a new person while flying home from the conference:

> *It was almost like on the plane some how miraculously this thought popped into my head that said it wasn't my fault, I didn't do it! And it was just like "Wow!" It was just like somebody had turned on the light, and it was like - I didn't do it!. I, personally up to that point, had felt like I had, to use Tina's phrase, had done everything but put the rope over his neck. And up to that point I felt I had even done that. And so when the revelation came that, yes my child died by suicide, and I may have had some involvement in it, I personally did not kill him. And so when I came home...and I mean before I left I was frightened about leaving, I knew my mom was dying....I hadn't been alone for that many days - it was four days to be gone. And to leave my daughter - my only surviving child - and leave the country, never mind just go, but leave the country in a plane, you know it was that fifty-fifty well gee if the plane gets shot down and I die - oh well... goody!*

Jennifer credits one class at the conference in particular for having a huge impact on her own healing process from guilt. In this course, which was presented by three ministers, one of the exercises involved saying to the person next to you "I forgive you" saying to the person who died "I forgive you", and saying to yourself "I forgive myself". Jennifer describes what it was like for her to carry out this exercise;

> J *I really had to think about it... And that's why, like I said, to look at Tina[4] and say "I forgive you" I fully believed that, you know? What do I have to forgive her for? I believe that she did the best she could and therefore for her to turn and say it to me - it's kind of like, hmm, I guess she could feel those same things about me - whoa! Well this is kind of different! You know? And then when it came right down to when he said "Okay now you have to say it to yourself". Oh well! What are you nuts! Like don't you know what you are asking us to do? But it was just very funny how he went about it, and the fact that he actually has video, er he had cassettes which you can buy of his course on forgiveness. And I really thought about it, and when it came time to say it, ya I could think about it and say "Ya, I forgive myself". Because for everything that you say you didn't*

[4]A friend, who is also a suicide survivor, who accompanied Jennifer to Minneapolis.

do there's another parent on the other side of the fence going I did that and I wish I wouldn't have. So they said once you, once you understand that, that you feel you should have, should have pushed to put your kid in therapy, there's somebody else who had pushed to get their kid in therapy and it made things worse. And it's for everything you say you shouldn't have done, there's someone else that said I wish I would have known, or I wish I could have done that.

S *So what does that tell you?*

J *Well it's a...I think it has to go with - even though we know we didn't do everything perfect, that you have to believe somewhere you did the best you thought you could.*

After hearing of Jennifer's emphasis on trying to find the answers to Clarke's death, I became curious as to where she thought such a quest would ultimately lead her. From this question Jennifer explained to me about the indeterminacy of the questioning process, and included in her explanation her need to talk to others about suicide and her general need to immerse herself in the topic:

S *When you project into the future, a lot of what I hear you doing now is trying to find explanations and piece this puzzle together -- go through this maze. Do you think that there will come a time when you can say "Yes now I know" - is that where you are heading towards?*

J *I wish I could say yes, but I think this is going to be a very ongoing quite possibly life-long type of a journey that you just keep going, and you hope that you can find more answers, but until that opportunity comes when I can actually sit down and say to Clarke: "All right, now tell me, what happened?", I think I'll always be looking for answers, different pieces to fit in. And sometimes you put pieces into that puzzle that you think has filled that space, and like I say, you look at it later and go "Oh no no" and you pull that back out and go no forget it, that does not fit in there. And I think that's why I just feel that need to go and talk to people, and to almost immerse yourself in it so that you can get all the information that you can.*

Some people have become upset with Jennifer's immersion into the subject of suicide, saying that she should stop dwelling upon it and get on with her life. Jennifer explained to me that a lot of people hold the opinion that now that a year has passed she should be all finished her bereavement. In particular, Jennifer says that her family has a difficult time accepting that she is still grieving. Jennifer believes part of this has to do with them not having dealt with their own issues of grief yet, and so they make her out to be the "crazy" one. In this next conversation Jennifer explained to me how the bereavement process following suicide involves a lot more than just the mere passage of time:

S *So their advice for you - this is your family speaking - is it's been a year, get over it, stop dwelling on it and move on?*

J *Uhmm.*

S *And your response to them is?*

J *No (laughs). It sound nice and we all expected that when that one year passed that we would wake up magically and go "Wow I'm glad that's over". Nooo. You know the first mom that that happened to we were all excited. We phoned her on the morning of the anniversary and said "So are you all better now, you're fixed -- lucky you!". And she of course laughed and said "As if". And so then came the next anniversary date so we talked to the next mom and said "Okay, you've had a little bit more time than her, and so It's been a year so you're all better now"? Well she laughed and said "No." And we each have done that with each other and it's our own private joke because we know that that time frame is unreasonable. It's not a year after losing a part of your family whether it's your mother or a child. They say that suicide...usual death they say is like you have to peel an onion to get to the grief - you have to go through all the layers of pain and to process everything. And with a suicide they say it's like somebody smashed your onion and then gave it to you so you have to rebuild the onion and then you have to peel it. And that that's exactly what...we're handed this mess and you have to make it into something, and then you have to go through it piece by piece still, and take it all apart even though you spent all that time rebuilding it. And I think the rebuilding is trying to find out why and what happened, and what did we miss and what didn't we do and*

what did we do wrong and what shouldn't we have done. And it's a million questions and no answers - none because like I said, just as easy as you say - I shouldn't have gone out that day, there's another lady that said I stayed home and maybe if I had gone out they wouldn't have done it.

J *What do you do when you are faced with that?*

S *"Yell!" (laughs)*

Jennifer's devotion to the study of suicide has moved beyond that of just finding out information for her own use. She has also become active in helping other survivors through various means such as setting up a support group for survivors and speaking about her experience on television. Jennifer explained to me the role she sees herself playing in regard to helping others, as well as the type of problems that drives her to do this work:

I don't know what the word is I've been trying to think of what it is exactly that uh... compassion ambassador (laughs). Just that...I don't believe that suicide just happens to bad people because my son was not bad. And I don't think that we were bad parents, and...there's a lot of other kids out there that I know right this minute are contemplating not being around tomorrow, and that scares the life out of me because there's a reason why they're here - there's a reason why we are all here.

Jennifer also hopes to one day take her story to the schools so as to bring greater awareness and understanding to issues of youth suicide:

I would like to go and take programs to schools and say yes, my son did kill himself, and no, we're not sure why, but this is our story. And just to let other kids know that you might have a friend who you think is just kind of down, but if you start seeing these things, it's not, it's not just, you know...so many people are saying - oh it's just an act. A lot of people think that everybody is just out for sympathy.

I asked Jennifer if she thought that her story of survival might actually act as a deterrent for other adolescents who may be thinking of suicide:

J *Do you think that stories of survivors can help impact adolescents who may be suicidal?*

S *I hope it does - I think it does, because I have talked to a couple kids that were considering it, that were definitely considering suicide. And after I talked to them and I said, you know, please, please don't, and they were very very negative as to why they should stick around - what point do they have in this world? And you know just trying to get them to talk about something that means something to them - there has to be something, I mean I know that kids don't have a lot of positive reinforcement these days from just about anything, and...I think by seeing somebody else who has gone through it, and realizing that that really doesn't solve...It's a permanent solution to a temporary problem. And that when they're gone they're gone and they can never come back and that the people that miss them just have to miss them forever.*

Though her son died well over a year ago, Jennifer still cannot bring herself to clean up Clarke's bedroom. She told me that she has attempted the task a few times, but to no avail...

When I go in his room it's the roar of the quiet...the silence that can't be filled...

Epilogue

On September 23, 1997, I met with Jennifer for the purpose of receiving feedback as to how well this story corresponds to her experience as told in our interview. Our meeting took place in a coffee shop and lasted an hour. Jennifer told me she really liked the way I had written her story and that it was an accurate reflection of her experience of losing Clarke to suicide. In addition to this, Jennifer also made the following clarifying comments, written on the pages of the document I had handed back to her.

On page 71-72 Jennifer informed me that Clarke's frustration over her failure to assert her own needs is a very salient point, and that today she still feels very guilty when she puts herself first.

On page 73 Jennifer wrote that the hardest part of filling out the organ donor paperwork was signing on the spot where it said "Relationship to Donor". This was the last time she officially got to say she was his mother.

On the bottom of page 78 Jennifer let me know that not only were her feelings hurt by her family's lack of support following Clarke's death, but that this also reinforced feelings of guilt that she must have been responsible for his suicide.

One final thing that Jennifer said to me during our feedback meeting, is that she has come to conceptualize Clarke's suicide as "self-murder". Jennifer explained that this way of thinking about Clarke's suicide helps her make sense of the conflicting feelings she has experienced since his death. On one hand she feels great sadness and loss toward the victim, whereas on the other hand she feels anger toward the perpetrator. The paradox, of course, is that in a case of self-murder the victim and perpetrator are both the same person.

Gail's Story

The third participant I interviewed was Gail. Gail lost her sister Diane to suicide in 1993. Gail's involvement in this research began with her answering an advertisement I had placed in the community newspaper. My interview with Gail took place in her home and lasted about two-and-one-half hours. From the moment that Gail answered my knock on the door I was made to feel very welcome. We weren't alone that afternoon, Gail's son Rob was also present. Gail explained to me that Rob had also been very affected by the death of her sister, and thus wanted to participate if he could. I agreed to this arrangement.

Gail lives with Rob and her husband and is presently employed with a telephone company. Gail grew up in a family of five other brothers and sisters. Her sister Diane and her twin, Steven, were the oldest, born in 1947. Gail was next in line, born in 1948, followed by another sister born in 1949, another brother a few years later, and then another sister a few years later than that. Gail's father died when she was nine leaving her mother with the responsibility of raising six young children. Gail's mother thought that it would be best if they lived out in the country so, using the insurance money from her husband's death, she bought a farm, and moved the family away from the city.

As I listened to Gail's story, I came to know her as someone with a great deal of warmth and compassion to share, which is also the way I experienced her son Rob, though not at first. At first Rob was quite quiet. He would alternate between sitting in the living room and listening to our conversation and then moving to some other room in the house. After a while (maybe forty minutes) Rob began participating in our conversation, mainly by adding details to what his mother said or sometimes by giving his own interpretation of an event. A very touching moment between Gail and Rob came near the end of our interview. Gail began to cry while telling me about a particularly painful aspect of her experience. Without either saying a word, Rob walked across the room, flung his strong youthful arms around his mother and just comforted her silently as she sobbed. When she had regained her composure, again without saying a word, Rob took his place back on the sofa where he had been sitting. It is from this behaviour that I also experienced Rob as a very warm and compassionate person.

As with the other participants' stories that have been presented, Gail's story is presented in three parts: her story of Diane, her story of her relationship with Diane, and

her story of self. Here now, as derived from our conversation, is Gail's story of her sister, Diane.

Gail's Story of Diane

Diane

Diane and her twin brother Steven were born three months premature. As infants they never shared the same crib or bed because their mother thought it wrong for male and females to sleep together. Perhaps because of this, as twins go, Diane and her brother were never very close.

Growing up, Diane was always considered to be dad's favourite child. Despite this, Gail thinks that Diane grew up feeling a lot of guilt because she thought she had caused her father's death. As Diane used to recall it, the night before he passed away he had asked her to help him outside and she had "lipped him off". The next day he died of a heart attack. Gail thinks that this guilt may have been a contributing factor to the problems that Diane had later in her life. Whether it did or did not is difficult to say, however, Gail did notice from an early age certain things that seemed to set Diane apart from the rest of the siblings. This is how Gail described Diane as a young child:

> *Ya even before our father's death, uh, the twin brother and myself and my next sister down - Kay - we always, we were always doing things together and we didn't exclude her, she just didn't want to do it - she was the one that played with the dolls and, sort of hung on to mom's uh apron strings you might say, and we were always the ones that were going and doing things - you know, smoking behind the barn and all these things that you try and do when you are a little kid. But she would always tattle on - she'd know we were doing it and she'd always go tell mom so that we would get into trouble she was always like that*

Gail says that throughout her life Diane always had to be the centre of attention around men, and with her attractive looks and petite form, had no trouble accomplishing this. For Gail and her sister Kay, this meant the loss of more than one boyfriend. To this extent, Gail explained to me that she remembers Diane as having a very mean and vindictive side to her while growing up, though added that she and her sisters now see this as part of the problems that plagued her throughout her life.

From as early as Gail can remember, her sister had very poor self-esteem. This puzzles Gail because Diane's twin brother Steven has very high self-esteem. In addition to being attractive, Diane was also very smart, though again this didn't seem to give rise to feelings of high self-esteem. Gail explains:

> *She was extremely smart also, like I think a lot of times almost like a genius. She would read, you know, she'd read the dictionary. She knew...she read all these things that we would never think of reading, she knew a lot of things. And she was a secretary, she could do anything. She was extremely smart, extremely talented. She was an extremely talented pianist. She played by ear. She could pick up....any song she heard she could play on the piano, but she also took the music lessons like the Toronto Conservatory, she also did that and she taught music lessons but she had no confidence to go out and get a job...I think she only had maybe two jobs in her life, but she just didn't seem to...and also, in the jobs that she had, she was always causing trouble. And I think sometimes in a lot of those jobs, or any of those jobs that she had, got fired because she was...I think it was always to do....we think it was always to do with her getting involved with one of the men at work. She had a thing about always having to be involved with a man. Her life was not...her life was no good unless she had a man.*

Gail's last point underscores the problematic pattern of male relationships that Diane had throughout her life. Time and again Diane would move in and out of relationships with various men, often being unfaithful to the one she was in a committed relationship with at the time. Another problem was that some of the men that Diane became involved with abused her horribly. This was the case with both her first and second husbands. In this next conversation Gail described to me what these men were like and how they treated Diane, beginning with her first husband:

> *The marriage was very troubled, she was beat up, he was not nice to her at all. So she finally got involved with another guy before leaving her husband and this fellow was worse than her husband but they say that's the pattern that they take - if they're beat up, they always pick somebody else that beats them up again. But anyway, what she did was she left her husband and well actually, as a matter of fact, I have to say this, when she left her husband, he wasn't doing that anymore and he had apologized to her and he was not beating her up anymore, I mean, he*

had turned himself around and was not doing that anymore. But, she got involved with this other guy and so she just up and left her husband and her kids, and went with this other guy, and I mean he was an absolute maniac, he nearly killed her lots of times.

Diane had three children by her first marriage, a union which lasted thirteen years. It was while married to her first husband that Diane began taking valium and first over-dosed on pills:

She started taking medication in her first marriage because it was not happy, not a happy situation at all. So she got...started taking valium, I think she got addicted to valium and she just....for most of that marriage, she was just spaced out on valium I think all the time and a lot of the times she'd be in bed all day. You'd come there and she'd be in bed, especially when her kids were in school, she wouldn't get out of bed. I think she was....I think she was horribly depressed, but we didn't know that.

Gail eventually convinced Diane to leave her first husband, though, as with her first marriage, Diane's second marriage was marked by severe beatings and more over-doses. Gail recalls trying to help her sister following a trip to the hospital. Such attempts would often lead to disappointment on Gail's part, as Diane would deny that there were any problems:

G *So she ended up marrying him and ended up in the hospital a few times again over-dosing on pills, trying to commit suicide. Then she came to Edmonton again, I finally talked her into getting out of there and....we would go down and get her and bring her up here and take her to the hospital and take her to doctors and took her everywhere to try and get some help, but the thing is, she would never tell the truth. And that's another thing about them. They don't tell the truth about anything. The doctor will say "so, your husband is beating you up." "No." I was sitting right in the room and I said to her "But Diane, that's not true"*

S *So the doctor and...*

G *The doctor and myself and Diane are sitting there in the room and she would blatantly out and out lie about everything all the time. And actually, at an early age, we remember that about her too - that she lied all the time. She was always lying.*

Diane's tendency to not tell the truth in fact became a source of frustration and bewilderment for Gail as she tried relentlessly to secure for Diane the psychological help she needed. Countless times Gail would bring her sister in to get help, only to have Diane convince the mental health expert that everything was fine:

G *I didn't know what to do with her, nobody would help, she was in Richton and they'd say "yes, we'll keep her here and we'll help her, we'll do something" and as soon as they'd say they want out, well they let them out so they just kept letting her out. You'd take her to the mental health association, she'd go in there and these type of people are like her too - like I say about the lying - they don't tell the truth. They don't tell the truth to the doctors, they don't tell the truth, so what's the doctor supposed to do? I mean, she takes a bunch of pills, tries to kill herself, and then goes to the hospital and then acts like a normal person. So then they just say well okay, you're better now, you can go.*

S *So she had the ability to convince people...*

G *Oh yes. And you'd go in...like wherever you went - whatever hospital you went into, they'd call you in there to talk to them so you'd tell them what she was doing, what she did, what lies she was telling and they would....they would turn it around as if...as if you were being the big meanie. You were not understanding her, you were not doing your job in helping her.*

After leaving her second husband, Diane moved to Edmonton where, with Gail's help, she landed a job house keeping for an elderly lady. Diane did wonderfully at this job, though unfortunately before too long her employer passed away. Gail then found Diane another housekeeping job, this time with a gentleman whose wife had died and was on his own with his two children. The house keeper relationship soon turned into a romance and Diane moved in on a permanent basis. Gail explained to me that this man (John) was a wonderful person and very good to Diane, and that likewise Diane

seemed to be good for John. After a while, however, Diane's addiction to prescription medication began to interfere with her domestic role and this all changed:

> *So anyway, it turned into a romance and then she started with the business about taking the pills and what she would do is...like the kids went to school and she looked after the house wonderful, she cooked, she was a wonderful cook, wonderful...like her house was always immaculate. Things like that...just everything she did she did so good. But then what she would do is she'd send these kids to school and then she'd lay on the couch all day spaced out on pills and then when the kids were ready to come home from school, she'd get up and...she was able to function but then she would start in...like she started into not treating the kids well - like screaming at the kids and then John too, and she went to school and took this..what was it...a law secretary I think - lawyer secretary course - and John put her through that and then she decided that she was going to get her kids back.*

According to Gail, Diane's bid to regain custody of her children (then aged 6, 7, and 12) turned into a disaster. After John helped Diane succeed in her custody bid by paying the legal costs, Diane promptly left John and went on social assistance:

G *It was an absolute total disaster.*

S *When you say that, what was happening?*

G *Oh, she did not....she was not interested at all in those kids. It was what man I can pick up then. She had man after man after man come in there and she also had a knack of always getting money out of these men and huge amounts of money which we learned about afterwards. Even this one man gave her a car. And then she would....and the phone bills. She would....she was always...or she said it was the kids running up the phone bills, but we found out later that it wasn't the kids running up the phone bill, it was her doing it - phoning John up here in...like the fellow she had been living with, trying to beg him to take her back. So finally John took her back again so she moved up here and she moved up here with the kids and she was on social assistance, but she had gotten a job down in Bisbee out at the...there's a coal mine out there as a secretary, and all of a sudden she got fired from that or something happened and I think we found*

out later it was because she was again, messing around with a man doing some things she wasn't supposed to be doing.

Gail says that the children were very angry at their mother for walking out on them in the first place, and what they really needed was some counselling. According to Gail, in Diane's care her children had no direction - they were running loose and taking drugs. After a while they all either went back to their father or went out on their own.

After a failed attempt to raise her own children, Diane convinced John to take her back again. By now, however, Diane was "totally" addicted to prescription drugs. Gail describes how she saw her sister at this point in her life:

She was always spaced out on something. It was always...she was always popping pills and anytime that you went anywhere - like if you went some place with her, "I have to stop at the drug store". It was always that. Anywhere you went with her, she would always say to you "I have to stop at the drug store."

In the end this was too much for John, he finally told Diane that she had to go. Gail says that this was the only rejection that Diane ever had from a man and that receiving it sent Diane in to a "total spin". After her relationship ended with John, as a way for Diane to get away from everything, Gail arranged for her sister to move to Vancouver Island to work at their sister's sandwich shop. Diane made the move, though without breaking her ties with the doctor who prescribed all her medicine back in Edmonton, and thus remained addicted to pills. With Diane's antagonistic customer service skills, the sandwich shop on Vancouver Island did not work out. Next Gail arranged for Diane to move back to Alberta to live with her mother in Bisbee[5], who was in need of some help around the house. This again was a disaster. This next portion of my conversation with Gail tells of the "disastrous" nature of this relationship, and includes a description of another family dynamic that Gail believed contributed to Diane's problems -- Diane could never win the approval of her mother:

G *I mean, they didn't get along. And of course mom, like I say, is not an affectionate person, she's not kind, it was criticize, criticize, and they fought all the time and then my mom decided that she wanted to move up here to Alder City because our youngest brother lives at Alder City and so....and again, Diane*

[5]The names of small towns have been changed throughout this document to help ensure the anonymity of those people mentioned.

packed up everything for my mom, she did a wonderful job. She labeled everything and when the moving guy came, he said this is the nicest move we've ever done. She had everything labeled. She had...she had everything perfect. But she...I have to say this, she was always trying to get the attention of our mother. And I think that's what she craved was some kind of acknowledgment from our mom.

S *How did you come to that conclusion?*

G *Because she was always...she was always trying to do things...what did she say....I want to...or why can't you just say something nice to me once in awhile? And I mean mom was like that, even when Diane lived in Bisbee and was married and mom lived out on the farm which was only two miles out of Bisbee. Our mother never went to visit Diane and I don't know why. We have no reason why mom treated her like that. Was it...and our mother said she was the favourite of our dad, but we never saw that because my sister Kay and my brother - the oldest brother - my dad was a rancher, they were the two that were always with our dad. So we have...we're wondering where our mom got that - that Diane was always the favourite. But Diane....she needed our mother to...it's almost like she felt that mom didn't love her or mom didn't accept her and I think because of her mental condition, she couldn't handle that, whereas the rest of us, we knew what mom was like and we accepted it. Diane was always trying to get her to accept her. Say something nice to me. And it's funny, now that I think about this now, when she was living in Bisbee with mom, she came up here a couple of times in mom's car and one time when she went back to Bisbee, she had taken some pills and she ran off the road and of course luckily didn't kill herself, but of course wrecked mom's car and the only thing that mom was mad about is the fact that she wrecked her car instead of saying "Are you OK Diane?" It was you wrecked my car.*

Gail explained to me that her mother was not emotionally close to any of her children, but was especially cold toward Diane. In this next segment of conversation Gail explains the difference between how her mother would treat other housekeepers and how she would treat Diane:

She treats Jane....Jane does the same thing that Diane was doing for her, she treats Jane wonderful. She gives her praise, she's wonderful to Jane. But Diane did the same work and never got a bit of praise. It was always...everything she did wrong. So she never...she never felt the love from mom I don't think. And I mean, all of us have gone through that with mom and have sort of dealt with it, have come to terms with it that mom is like that.

From around the time she lived with her mother until the time of her death, Diane's life was marked by continuous emotional upheaval and suicide attempts. As alluded to earlier, despite Diane living a tormented and tumultuous existence, Gail could not secure for her sister the kind of psychological help she believed she needed. Time after time Gail brought Diane to mental health institutions only for her to quickly convince the doctors that she was fine and for them to her go. Gail tells a story of one particularly serious sequence of attempts after which she was sure that Diane would get the help she needed. But to no avail. Diane's wishes took precedence over anything anyone else said and she was once again let go:

G *Diane had taken a whole bunch of these pills so I said to Bill, I said I think we'd better go out there. So we drove all the way out to...she lives out at Alder City which is past Ulster. By the time we got out there and Bill said well you just go in and go get her. Well, she was completely dead weight. We put her in the back of the car...actually I should have called an ambulance, never thought of it, but we took her down to Ulster and they took her in and they had to pump her stomach and she was out for eight hours. But, while she's in the hospital, she talked this poor old man into giving her a razor blade. She said she had to shave her legs. So she talked this poor old man...*

S *Just another patient?*

G *Yeah, it was extension onto the old folks home. So I guess she made friends with this poor old man and she talked him into giving her a razor blade. She said I want to shave my legs and I don't have a razor. So then she went and she slit her wrists in the hospital which was....it was a God send for her to do that because finally the doctor there, he just said "you're going to Alberta Hospital." And we thought at the time, thank goodness something is going to be done.*

S *You had been trying to get her help all this time?*

G *Yes. Something is going to be done. They're the experts. They'll be able to see through her, they'll be able to...they'll be able to do something for her. So, she went over to Alberta Hospital and my sister from Calgary and myself...we had to go down and we had to have a meeting with all the doctors and all the social workers and all the counsellors and everybody down there and when we went down there that day, Diane was under the impression that we were coming to take her home. And when I told her that we weren't....that we didn't want her to come home, she was very upset. So anyway, we were all in a circle and we're saying to Diane, Diane we want you to get some help, we want you to stay in here. And we're talking to her and we're saying to her "Diane, you're addicted to prescription medicine, you're always lying, you lie about everything, you have no confidence..." we were trying to tell her all this stuff and one of the counsellors pipes up and says "well now, Diane has got to make that decision....we have to let Diane make that decision herself." Well, as far as I'm concerned, Diane couldn't...Diane was very good at making the decision that would fit her. So, what did they do? Let her go again.*

An unfortunate outcome of this experience was that Diane felt betrayed by Gail for trying to have her admitted to hospital, and thus for the last few months before her death their relationship deteriorated. During these final months, in Gail's eyes, Diane was no longer herself anymore. Still, Gail couldn't find any place for her sister to receive help, and by this time none of the rest of the extended family was willing to take her in. Gail would have liked to have done more for her sister at this time, but her husband had banned her from the house. Without warning, Diane went missing for two weeks. Gail didn't think too much about it because she had disappeared like this before.

What happened is Diane, who had now run out of money, made her way down to Strathmore where she checked herself into a crisis centre using a false name. Diane did well at the crisis centre, looking after children and helping around the kitchen. Unfortunately the centre had a policy whereby residents were allowed only a week's stay. So after her week Diane was taken to downtown Calgary where she was dropped off more or less to fend for herself. Gail described for me Diane's final days:

She destroyed all of her I.D., she told them she was from Bella Coola or....B.C. or whatever it was. She completely destroyed all of her I.D. So

then, at the end of that week, they took her into Calgary and dropped her off on the street. Dropped her off at a drop-in centre and said well, you're on your own. So, she went into the drop-in centre and I guess she found this fellow in there and he had a room at the Cecil Hotel and that night he said you can stay in my room and apparently, according to the police, this fellow was very nice to her. He wasn't...he wasn't trying to take advantage of her, he just understood I guess - here's this woman on the street - he said you can stay in my room, I'm going...I'm going to the bar. The Cecil Hotel in Calgary is the scuzziest worst possible place in the world. It's like those ones down on 97th street or 96th street. And that's where they found her. He came back to the room and found her dead and she had taken...well, I talked to the medical examiner and she was very nice and actually no, she's the one that told me, she said that fellow was very nice to your sister. For some reason I guess they had interviewed him and....and I asked her, I said what is it that she took? She said it was massive doses of Elevil which she said is readily available on the streets and our sister's rings were missing and possibly she....and possibly she had stockpiled this Elevil because she got it from the doctor. She got it whenever she wanted to. So, that's how she died. The only way that they identified her was from a pill bottle.

When she received the call from Diane's daughters in Calgary it was a call Gail had always expected. This final and lethal attempt ended a string of numerous attempts on Diane's part to end her life.

I think all of us always expected that - that we were going to get that phone call. At the end because...she was just in and out, in and out, in and out of the hospitals with overdoses. She was determined she was going to do it.

In addition to Diane's story of having many problems and living a difficult life, there are again other stories that can be told about her life: the story of how well she cared for Rob as a child; the story of her talents as a super-efficient housekeeper; the story of a talented piano player who played by ear; the story of a person whose intellect was near to genius; and the story of how much she meant to her sister, Gail.

Gail's Story of her Relationship with Diane

Diane and Gail

The relationship between Gail and Diane was one of caretaker and the taken-care-of. As I listened to Gail's story, I would often forget it was Diane who was the older of the two. In this next conversation Gail likened her relationship with Diane as that of a mother:

> *You know, I was always....I always cared about her, I always - never lost touch with her, always tried to keep in touch with her, always wanted to know...actually, I think I was like a mother to her because I always was good to her, I was always concerned about her - how she was doing, and if I didn't hear from her for a month or if she'd get mad at you and she wasn't going to talk to you, I'd still always call her maybe after a month and then she'd be talking again. I was actually somebody that she felt she could count on.*

Gail's story of her relationship with her sister is replete with examples of how she would continually care for and help Diane, beginning with when Diane was involved in her first two marriages, both of which were highly abusive. Gail used to beg Diane to leave the abuse and come stay with her, saying that she would help look after the children until she got back on her feet again. And when Diane landed in the hospital because of an over-dose, it was Gail who was there to help pick up the pieces. This lead to frustration on Gail's part because, as mentioned earlier, Diane would not tell the truth when questioned by doctors or mental health professionals.

In trying to care for Diane, Gail did much more than just try to secure for her sister adequate professional help. As mentioned earlier, it was also Gail who found jobs for Diane, who found places to stay for Diane, and who mediated the fights between Diane's and their mother. In all, it would seem to me that Gail expended a lot of effort and patience trying to come to the aid of her sister. This next conversation provides an understanding of what Gail went through when Diane wasn't doing well, and what she would do to try and help her:

G *She came in and then she went to the...she was just all over. She'd been into everything. She got into all my stuff down here and she had it all pulled out and I said Diane, what are you doing? She didn't know what she was doing and she*

went to the fridge and she said do you have anything to eat? I said well, there's some muffins up in the freezer. She went and got a frozen muffin and started to eat it, she had crumbs all over the place and then she says "I want to phone John" - that's the fellow in Sherwood Park. I said well, it's 11:30 Diane, I don't think it's a good idea.

S *They had them in together?*

G *I said no, I don't think it's a good idea that you phone him. Well I'm going to phone him anyway. So she phoned him and she was sitting right there and she was begging him to take her back and I know he was saying no and she...oh, and then she was just like I say - like a crazy person - and I had that loveseat - over here and all of a sudden she laid down on that loveseat and she just...she was just out like a light. Well I was just...I was just relieved because she was just...all over the place and then the next day, she was talking to me and that's when she really started talking about suicide and saying...like telling me what she wanted to do - that she wanted to go out into a nice green meadow and just lay down and take a bunch of pills and die. So, I immediately went into a panic and I took her to my doctor and I said...and I went in with her and of course he said "have you ever tried to commit suicide before?" and she said no.*

I gathered from listening to Gail that taking care of Diane was no easy job. At one point in our conversation Rob stepped in and explained to me what he saw as the nature of Diane's emotional difficulties, including how it was his mother who always came to the rescue:

R *There were a lot of ups and downs with her. She'd do really good and you'd think hey, she's going to get better, or she's just doing really good, she has a job and everything - in Bisbee she had that job and she's getting together with the guy there - one of the guys there - and she seemed to be doing really good, but then it just all turns around. It just kept doing that. She'd do really good...*

S *Continual cycle going up and down.*

G *Continually. From one end to the other.*

S *What was that like for your family to...you just started feeling hopeful about her and then...*

G *Oh, it was awful.*

R *It was hard on the family especially my mom because she was the one who actually went out and did something for her all the time. No matter where it was, she'd always come to my mom. She'd never really go to anyone else.*

As is evident from the stories presented above, Gail invested a huge amount of time and emotional energy trying to help her sister. And, because of her mental illness, Diane could do and say things that, in spite of all Gail did for her, would really hurt Gail:

> *When she used to live with me when...like when she came to Edmonton, and I'm telling you, when she got mad at you, the things she said to you were so devastating, I remember leaving my apartment, going over to my aunt's place and staying there for two days for the things that she said to me. They were just absolutely devastating. Horrible, horrible things that she would say. She'd fly into this rage...*

Thus far in my presentation of Gail's story of her relationship with Diane, I present it as if Gail did all the care-taking on her own which, to a large extent, seems to be the case. However, Gail's husband Bill, who by virtue of being married to Gail, was also involved directly (and likely indirectly) in providing help to Diane. In the end, though, it seems that the impact of Diane's behaviour on the family became too much for Bill, as he banned Diane from coming to the house. This brought forth strong feelings of guilt for Gail, especially near the end of Diane's life when no one else would take her in. One of the last places that Diane lived was in the basement of a woman for whom she did housekeeping work. This didn't last long. Soon after moving in Diane had an episode that left Gail once again trying to find a mental health institution that would take her sister in on a permanent basis:

> *Well, she..one night she was...what do you call that...she was hallucinating and the lady in the house took her to the emergency at the Camrose Hospital and*

again, they took her over to Richton again. Camrose Hospital sent her to Alberta Hospital again. She was over there for a little while and said she wanted to leave and they let her leave again. So I phoned them and I said please, could you...if she doesn't belong there, could you...if she goes back there and checks herself in, will you find a half-way house for her to go to so that she can learn life skills, she can learn....get some confidence to go out into the world and get a job. And they said yes, we'll do that. So I had her go back...I took her back down there, got her checked in, within a week they let her go again because she said she wanted to go.

It was soon after this incident that Diane went missing. Though Gail would almost always be the first to the scene to help Diane following a suicide attempt, she says that the last time this just wasn't possible:

S *So what kind of attention did she get when she would overdose or cut or attempt suicide?*

G *Well, I would come running and save her, but the last time, I didn't know where she was. So I couldn't save her.*

S *So would you often be the first person on the scene then?*

G *Usually yeah.*

Though it was obvious (at least to me) that Gail put forth a truly valiant effort to help Diane, to Gail this wasn't enough, she still thought she should have done more.

Gail's Story of Self

Gail

Gail described her childhood as being a very unhappy one. She explained to me that she grew up in a very religious household where it was taught that God was someone to fear. In grade nine both she and Diane were sent to a religious private school, a move that Gail says left her feeling devastated and lonely. Gail's teenage years were marred by religious constraints that took much of the fun out of being a

teenager. For example, despite being good at sports, Gail said that she wasn't allowed to participate because most activities took place on Saturdays, and she had to worship on Saturdays. When her father died at age nine and the family moved to the farm, Gail says that her older brother Steven took on the role of father and she the role of mother. Gail explained to me that it was the children's real mother who took care of their physical needs, but it was she who took care of their emotional needs. Gail described her mother as a "real yeller" , thus part of her role was also to smooth things out within the family, to be the mediator. Gail described this role to me, including how in the end she felt burnt out from her years of trying to care for her sister Diane:

G *I basically took over that role and I mean, our mother....she never abandoned us, she never...she rented out the land and she cared for us - cared for our physical needs - but our emotional needs were not cared for. So I basically took that role over.*

S *I see.*

G *To care for the emotional needs and then...like any time any of them left - because I left first and got my job with AGT in 1966, any time any of them wanted to leave, they always came to my place - they always had a place to come.*

S *So this was sort of a role you had with the whole family including Diane then.*

G *The whole family yeah.*

S *The care taker role?*

G *The care taker role yeah, I took over the care taker role. And my mom never gave any emotional support ever and she was always...she was always a yeller - she was always yelling all the time and I would always be trying to smooth it over.*

S *A mediator as well.*

G *Yeah, always trying to be the mediator, always trying to...what do they call me...diplomat. I was the diplomatic one - always trying to keep peace and through my whole life have always tried to keep the family together and get the family together and...but, I don't know....it was a big role and too much at the end for me.*

S *Too much in the end - how do you mean?*

G *At the end with Diane, she counted on....I feel like I let her down because at the end, I was burnt out from her. I didn't know what to do with her, nobody would help, she was in Richton and they'd say "yes, we'll keep her here and we'll help her, we'll do something" and as soon as they'd say they want out, well they let them out so they just kept letting her out.*

In the above passage as well as the next, it becomes apparent that Gail had come to a point where she really didn't see any more options for helping Diane:

But at that time, my husband totally banned her from our house. He wouldn't let her come here and I mean, I was really torn because she's my sister and where is she going to go? Mom doesn't want her, nobody else wants her, what's she going to do? So she went out to mom's place for the weekends, but I mean, it was total disaster again. I mean, she'd just fight, fight, fight, and then when she finally got out....I just felt helpless. I didn't have the money to put her somewhere and look after her and Richton, every time she said she wanted to go, they would let her go. And then they also told us that we had to go to court and we had to go through this huge court procedure to have her committed for six months which we found out later we didn't have to do.

Following a suicide attempt Gail would do her best to try and figure out just what it was that Diane needed, but the simple truth for Diane was that she just wanted peace. And when she did finally achieve peace, Gail felt relief and a lot of pain

G *Well you'd try to talk to her and say Diane, you'd try and tell her Diane you are so talented, you're brilliant, you're beautiful, what is it that you want? What is it that you need? What is it...you won't go and get counselling, you won't tell the counsellors the truth, what is it that you want? And all she ever wanted was to*

go out into a meadow, lay down...all she wanted was peace. That's what she wanted. She didn't have any peace in her mind. So when she died, my first reaction was relief. She finally is at peace.

S *So you felt relieved for her.*

G *I felt relief for my sister. And then I felt real pain. I felt real pain because she died alone, I felt real pain because of a wasted life, a life that she had so much going for her, I felt pain because my husband wouldn't let her come here, I felt pain because I let her down, I couldn't look after her, I felt pain because I couldn't look after her the way I would liked to have looked after her as a sister like I used to. But I had my own family I had to look after and she disrupted....a lot of times would disrupt things - family get togethers she would disrupt.*

With Gail's litany of pain and regret one would think that this would necessitate a deep outpouring of emotions. Gail did feel extreme sadness following Diane's death, though it wasn't always easy for her to display this. Not only was Diane forbidden by Bill from going to their home, but Gail was also forbidden by her husband to mourn her sister's death. Gail explained to me her husband's attitude toward Diane's suicide, including why she thought her husband behaved the way that he did:

G *My husband wouldn't let her come here and my husband is an alcoholic, Rob and I live with that. So living with that is basically the same as what Diane is - an alcoholic, and I think my husband didn't want her around because he saw the same traits in her that he was like because when we went...when we went out there that night to get her and take her to the hospital, he didn't want to come in and then he came in and saw her laying on the floor, he knew exactly that's what he was like. And he...he didn't want to help me. And then when she died, he was here and when I got the phone call, he said "good" and he walked out the door. No emotional support, I wasn't supposed to cry... He's not like that....he bottles up everything. I don't think he'd care anyway because that's just the way he is. He just thought...he actually cares a lot about my mom. I think he thought she [Diane] posed a threat on her and because she'd only come to my mom and it would always be her doing it and her getting hurt when she went and did something else and tried to kill herself, after all the help she received from everyone, especially my mom. And he saw that she was getting hurt time and*

time again and it was just...it wasn't worth it to and...he just thought she might as well just pass away. It would be better off for her.

Behind her husband's restrictive requests, Gail saw positive intentions. That is, he thought Gail had already been through enough and shouldn't have to hurt anymore. Bill did change his ways at the funeral, a move that Rob saw as reconciliatory:

G *Yeah, he said good, but he also wouldn't allow me to cry. He didn't want me to cry about it. He felt that because she had done all those things to me, that I shouldn't feel any emotion. But mind you, at the funeral, he was very supportive - at the funeral.*

R *Because he probably realized that he shouldn't have done that.*

S *He shouldn't have stopped you from crying?*

G *Yeah. All the way down to Calgary - we have a motorhome and like every so often I'd start just crying and he didn't want me to cry and it was actually Rob who would come and sit beside me and I'm trying not to cry, but all the way to Calgary I did cry... I mean, I cried terribly over my sister. It was devastating that she actually said that she wanted to do this and what just devastated me the most is that she died alone. If she wanted to do that, I wish sometimes - if people really want to do that, that you could be there with them and hold their hand.*

From Gail's last response in the above conversation, I learned of the devastation that she felt after Diane's death and how it was her son Rob who provided the comfort that she needed as she grieved her loss. I also learned that for Gail, the most painful part of all that she had experienced was that her sister died alone, without family, without dignity:

G *[Crying here] She shouldn't have had to die in that room alone. That was an awful hotel. I wish....I wish it would have been in a hospital or something that she could have been in. Not there by herself. Because they're not only going through all that mental pain, they're dying alone and that must be awful. That's quite a sad thing for me...for anybody to have to go through. Any family that*

would have to go through that. The only thing that I see now is that my sister is in peace, that there is compassion for people like that and that she's resting and she's in peace now. She doesn't have to go through all that turmoil anymore. And I think that she was in so much turmoil and I think most of them are and they hide it very well. They hide the turmoil. We can't even comprehend the turmoil that they're in.

Though Gail stated that it is hard to comprehend the type of anguish her sister went through, she herself is no stranger to emotional hardship. Gail told me about her own ten year struggle with depression (three years of which she referred to as deep black depression), including how she courageously moved beyond it without help from anybody. Nobody, not even her family, knew what she was going through:

G *There was nobody and mainly because I was embarrassed about...and I was working and I quit work, I had an alcoholic husband, I moved into this neighbourhood and of course everybody had established their friendships, all my friends were working and I just went into a really black depression and there was nobody. I didn't tell anybody and got through it myself.*

S *What does that say about yourself as a person?*

G *I think I'm quite strong. I know I'm quite strong.*

Gail explained to me that following Diane's death she had a lot of questions about what it is like for a person to die by over-dose. What do they feel? Are they in pain? What do the drugs do to them? These questions were really important to Gail because after all the emotional pain that Diane lived with, she didn't want to think she died in physical pain as well. Gail also felt guilty about feeling relief after Diane's death and wondered if this was normal. Gail found the answers to her questions by phoning the Suicide Prevention Centre, a service that she strongly believes she should have been made aware of by the psychiatric professionals she was constantly in contact with. This next conversation tells of the questioning that Gail went through, of her frustrated experience with the mental health care system, and of how she felt in the end she betrayed her sister:

G *And I had so many questions because you wonder...like how do they die? Is it painful? So then I phoned the Suicide Prevention Centre and this is...*

S *In Edmonton?*

G *Now this is another thing I have to tell you. Not once did Alberta Hospital or anybody refer us to the Suicide Prevention Centre. If I would have known about the Suicide Prevention Centre, there's where we might have gotten some help. They were absolutely wonderful because I phoned and I said my sister has committed suicide, I have all these questions and so they said come in and write your questions down - I had all these questions about suicide and I also had this guilt about feeling relieved that she was finally at peace and went and talked to them and they were wonderful. I wrote to Alberta Hospital, I wrote them a letter and I told them what happened to my sister - that she had finally committed suicide and that they had given us no help at all and they wrote back a letter saying well it's too bad that you're taking on the guilt of your sister's death. So I wrote them back again and I said I'm not taking on the guilt of my sister's death, I just think that there should be more information out there where the families can go to help deal with people like that because I had no idea...like if I would have known about the Suicide Prevention Centre, I might have been able to get some help there. Even for myself as to how to handle her because, at the end, I had no idea how to handle her. I betrayed her, I let her down. I had no idea how to handle her.*

R *You didn't betray her, you just didn't really know what to do.*

G: *I didn't know what to do.*

R *And you thought she was getting help so...*

G *I thought finally she's in the Alberta Hospital, she'll get some help.*

S *So this feeling that you just didn't know where to turn after awhile.*

G *I had no idea where to turn.*

Thinking that she betrayed her sister is still something that Gail struggles with. In the above conversation we see how her son Rob tries to counter this type of thinking, though later in our conversation the same theme comes back:

S *Can you say a bit more about your own grieving process after the death and the months and weeks that followed?*

G *I felt terrible sadness, I felt like I let my sister down, that I had betrayed my sister, I still feel that way - that I betrayed her. I still feel so sad that she died alone. I feel really sad about that. I don't think anybody should have to die alone and especially like that when you're in that mental state - to be so alone and knowing what depression is like, trying to get away from that pain.*

As Gail noted earlier, part of what she wanted to learn through her questioning was whether it was normal to feel relief after Diane's death. Gail asked the Suicide Prevention Centre about this and, in doing so, learned that many other suicide survivors go through the same thing. This realization helped Gail cope with her bereavement:

They said it's not abnormal for you to feel that way because so many people go through the...and then you realize that all these other people are out there going through the same thing that you're going through and don't know what to do, they have a self-help group there that you can go for bereavement and you realize then that you're not the only family that's going through this. You think you're the only family that's going through this craziness and then you go there...I found out that most families of people that are trying to commit suicide all the time go through the very same thing and a lot of people do feel relief when they finally do it because at last they're in peace.

Notice the contrast here to the response that Gail received from the psychiatric hospital mentioned earlier; they turned Gail's concerns into an intrapsychic defense mechanism aimed at protecting herself from feelings of guilt that she caused her sister's death:

S *How did that make you feel to hear that?*

G *That made me feel awful because I wasn't taking on the guilt of my sister's death, all I thought was that Richton finally would help her. That's what I thought. I thought they were the experts, they would finally help her. Oh, and another thing I found out at the Suicide Prevention Centre is that we didn't have to go through a huge court case to have her committed. It was a simple procedure to have her committed for six months.*

Gail's continual and desperate fight to find the help for Diane needed was matched only by the mental health system's seemingly impervious attitude toward her plight. For this, Gail feels a lot of anger toward the mental health care system:

G *Would it be fair to say you're quite angry at the mental health?*

G *Yes I am. I don't feel that they do....I don't feel that they know...like my sister, she could lie, manipulate, and they can't...they cannot tell that or else they can tell it and there's just too many of them out there, so they just send them on their way and the worse ones they keep in. I don't know the answer to that.*

S *It could be either...either way.....*

G *Yeah.*

S *People like Diane aren't getting help.*

G *No. And I think...like I say, it's a terrible waste because my sister was...she was so talented...I sometimes think...she had so much to offer to the world and it was all...the torment and the turmoil that she must have been in. Must have been awful.*

Following Diane's death Gail also had questions of a religious nature. Coming from a strict religious upbringing where she was taught of a God that punishes and where "everything was a sin", Gail wondered if Diane would receive the peace she so desperately sought in the after life. Gail found the answer given by the Suicide Prevention Centre to be very helpful as it gave her the peace of mind she was looking for. They told Gail that God has compassion for those who are mentally ill.

Another thing that really upset Gail following her sister's suicide was that their mother never cried over her death, and to this day still refers to Diane as a "Loonie". Whereas before Diane's death Gail might have let such comments slip by with out comment, increasingly she finds herself standing up to her mother's insensitive ways:

> *Maybe she cries alone, I don't know. But she still refers to my sister as "oh, she was loonier than a.." she calls her all these names. She still calls her all these names. She won't...and you say to her mom, Diane was very mentally ill, yes, she was loony, but I don't refer to her as being loony. I understand that my sister was very, very ill. But my mother still refers to her as being "loonier than a loony" and that really...I really take offense to that because so many people have that attitude. If you had to go through that, you would understand that there are a lot of people out there that...they're not loonier than lunatics, they're mentally ill and they need...they need some place to go, somebody to care for them.*

In my interview with Gail I learned so much about the sadness and pain that Gail has experienced both while Diane was alive, and since her death. However in addition to the painful side of her story, Gail also shared with me some moving thoughts on what helps her heal form all her experiences:

G *Emotional healing takes a long time.*

S *Is that a journey that you're still on then?*

G *Yeah. It takes a long time.*

S *Where have you come and where are you now?*

G *I'm almost to the end of it I would say. It takes a long time to...and you do feel the guilt whether you think you did everything that you could, you still think I should have tried this, I should have tried that. The only thing I can say is...don't let that take over your life.*

S *How do you stop it?*

G *Do something for somebody else - do something good for somebody. Do something good to help somebody else.*

S *And that will help prevent the guilt from taking over?*

G *That will help you....well, I'll tell you this story. I think of my sister and I know what she liked, she liked to eat sweets and stuff like this, so one time she's buried at Abelford which is the most remote wind blown bald prairie place that you could ever be buried at, but that's where our dad was buried so that's where she was. So I went there one time and...have a sense of humour about it too. I thought well, I'll go and get her some flowers but the wind was blowing terrible so I thought well, I guess I won't get her flowers because they'll all blow away. So I got these cookies that she liked and so I put those on her grave - put these cookies down on her grave. So I told that counsellor at the Suicide Prevention Centre what I did, well she laughed her head off. She says I'm going to tell that in my bereavement class. She thought that was the funniest thing that she'd ever heard. She said you thought of your sister and you fed nature too! You have to have a ...and also talking about our sister and remembering...like not remembering her mental health, remembering when she was good, when you thought that she was normal. Things like that. Remembering her in that way and remembering her like all the...like what she was good at doing. She was wonderful at playing the piano.*

Though Gail never said this to me explicitly, I sensed from hearing her story that part of her bereavement process involved trying to piece together what it was that lead Diane to live such a tormented life. Gail wondered if maybe she was sexually abused as a child; she wondered if maybe it was being sent away to private school; she wondered if it was because their mother was harder on her than all the other children; she wondered if it was because she was born premature and didn't create a bond with her mother.

One thing that became very clear to me upon hearing Gail's story is that she now has tremendous compassion for all those who are marginalized in our society, such as the homeless and mentally ill. And not only does she have compassion for such people, but she has also stepped forward and actively participated in trying to amend some of the deficiencies that exist within our mental health care system. Some of Gail's actions have already been met with favourable results:

G *I wanted to get her into some place where she was safe and a place where she would start...and that place in Strathmore would have been ideal and I wrote them a letter afterwards and they changed their policy. I said...because they needed volunteer help in that place, they were always asking for volunteers, and Diane, Diane was doing a great job in there helping and cleaning and they said she was very happy in there. So I asked them, I said if you needed volunteers in there, why couldn't you have kept her in there to help and she would have gotten the confidence maybe to have confidence and self-esteem to get herself better. I said why would you take anybody into a city that had never been on the street, drop them off and say "there you go."*

S *You wrote them a letter afterwards...*

G *I wrote them a letter and said that. And they changed their policy. They changed it so they don't do that anymore.*

In addition to this letter Gail also wrote Alberta Hospital to urge them to provide more information about resources for families who are coping with suicidal members (e.g. give out information about the Suicide Prevention Centre). Gail has also contacted an ombudsman for mental health and urged that patients who are chronically suicidal not be released from hospital on their own accord, but that they be kept in a place where they can get the kind of care and attention they need.

Epilogue

Gail let me know in a written note that the story of her experience was "right on" and that it was very healing to see it presented on paper. Gail reiterated that the death of her sister was not in vain and that because of her relationship with Diane, she now has deep compassion for the all those treated in less than human ways because they are different. Gail said that this sense of compassion is shared by her son Rob, and for this she is very proud.

David's Story

The last participant I interviewed was David. David lost his sixteen year old daughter Jocelyn to suicide in January, 1996. David lives with his wife Anne and twenty-one year old son Kyle. At present David is employed as a quality management consultant in the oil industry. David's name was passed on to me by one of the other participants as someone who might like to take part. I contacted David at home and explained to him what the research was about. David seemed genuinely interested, and said that yes, he would like to participate. From there it took two months before we had our interview. The interview took place August 11, 1997 in the confines of a small counselling room in the Education Clinic at the University of Alberta. The first half hour of our meeting was spent informally chatting about David's work and my education (and trying to get the tape recorder to work properly). I recall feeling a bit surprised and relieved that rapport with David seemed to build quite quickly and naturally, as I am aware that I usually build rapport with women easier than with men. But there was a real genuineness about David that told me that he was here because he wanted to tell his story, and that is exactly what he did. With quiet confidence, this is the story that David told of his experience of losing his daughter Jocelyn to suicide.

For this final story, as with those which have preceded it, I will present the larger story in the form of three smaller stories: David's story of Jocelyn, David's story of his relationship with Jocelyn, and David's story of himself.

David's Story of Jocelyn

Jocelyn

Jocelyn was born by Cesarean birth in 1979. For the first five years of her life Jocelyn lived in a small town not far from Red Deer. At age five the family moved to a town on the outskirts of Edmonton. From what I gathered from our interview, everything had gone along quite well for the first five years of Jocelyn's life, and continued to do so as Jocelyn entered grade one. David said that there were some difficulties with the education system at the end of grade one, as he and his wife Anne were told that Jocelyn should be held back a year. David and Anne were opposed to this plan of action, and so they took Jocelyn in for a psychoeducational assessment whereupon it was found that Jocelyn was normal in most areas of intelligence and above normal in reading and comprehension. Thus, Jocelyn was not held back.

One characteristic of Jocelyn's personality that David saw as developing quite early was the quality of being strong-willed. This way of being was definitely different from their other child, Kyle, though David explained to me that it posed more of a problem for her teachers than it did for him and his wife:

D *She was a very strong-willed person - that type of a thing. She did things like...I remember one instance where for example it came out that Jocelyn wanted to take extra work home - this was in grade one - and she was actually taking stuff out of the garbage can - out of the teachers garbage can to take home to do at home and the teacher wouldn't let her, that type of thing. There were a number of other instances and we were a little upset with the teacher and the way the teacher approached things, and as a result, grade one was not a great year for Jocelyn in Rutland. There was a lot of turmoil I suppose and the one thing that I remember Dr. ----- did mention to us at that particular time was being that Jocelyn was so strong-willed, she had her own...she would do her own thing type thing.*

S *That's something you saw from an early age?*

D *Yeah. Oh yeah. I could really, really see it. Like I say, there was on one hand Kyle and then on the other hand Jocelyn and it was almost like night and day opposites. But, she wasn't...I mean, as far as I was concerned a healthy type of a thing - it didn't create problems for us, it may have created problems for other people in that they had a little bit more of a difficult time handling her, she wasn't high-strung or anything like that, she was just a different type of a personality than Kyle. Class A as...Type A personality as opposed to...but Dr. ----- did mention to us at that one point, she was in there, that Jocelyn was the type of child that we would have to try to get control of at an early age, because if we didn't, we would have absolutely no control over her when she was in junior high school. And as it turns out, it was quite accurate, really quite accurate when he said that. So that was always in the back of my mind...*

From grades two to six, David explained that there were a number of incidents that happened with Jocelyn, some of which were minor, some of which were major. One of the major incidents that David told me about was Jocelyn being "stalked" by a

classmate in grade two. The way David described it, this boy's behaviour went beyond play ground bullying:

> *Well, she was just upset. You could tell...she'd come home crying, she would...a lot of times I think parents have a tendency to kind of instill fear in children, but in this particular case, she was quite afraid. And I can't remember the details, but the things that the other young boy did, like he ripped at her clothes and stuff like this, and she would come home from school crying and quite upset about the whole issue.*

Jocelyn's harassment lasted about six to nine months, after which the boy was finally taken to a psychiatric hospital. Jocelyn got through that year and then had a couple of fairly good years. Jocelyn had some good teachers at school, she attended Brownies -- life seemed to be going along very normally for Jocelyn, David, and the family. David said that having a good teacher at school made all the difference to Jocelyn's behavioural and academic success:

> *She had an excellent teacher in grade six and she did actually quite well. That was a funny thing, if she really enjoyed her year in school and she was having fun, she would do well in school. Well, Jocelyn was a social...I'll use the term social butterfly in school. She was very distracting to other students, and that bothered a lot of teachers I suppose more than anything. But when she got a hold of a teacher who could deal with that type of a personality and focus her attention and get her working and so she would enjoy it, she would do quite well. In grade six I remember she had actually really quite good marks and she really...she did good. Then she went into junior high school.*

Junior high school is when things started to gradually change for Jocelyn. Around age thirteen Jocelyn had developed strong opinions about the way things should be in her life, and no one was going to be very successful at convincing her otherwise. Though strong-willed and opinionated, Jocelyn was not, according to David, someone with high self-esteem:

D *She didn't....she had a lot of disregard for herself I suppose....I don't think she had a lot of very high self esteem for herself.*

S *What would you notice that would tell you that?*

D *Well, it was just the comments she would make about herself. I'm stupid or I can't do this, I can't do that. I guess maybe a lot of it, here again, after awhile in school and you're not doing well in school or you can't....they're going to pound it into you sooner or later, and she was held back, I believe it was grade eight she was held back and....self-fulfilling prophecy I suppose more than anything. I mean, you can't do well....some things she could do really great and I can't remember right off the top of my head, but a lot of things she'd do really well, but she'd never look at that. She'd always look at the bad side of things like I failed math or I did this or I can't do this, I can't do that, but when she'd get an A or something in a particular subject, she wouldn't look at that. So she was down on herself a lot.*

One thing that happened to Jocelyn as a teenager that David believes had a negative effect on his daughter occurred while he and his wife were separated for nine months. Jocelyn got together with two boys for the purpose of drinking some vodka. After a few drinks Jocelyn became quite sick whereupon the two boys sexually molested her. David explains

One day she got together with two of her friends and these two particular boys at that time were not on my top ten list to say the least, and anyway, she got together with these two boys and they had a few drinks - Vodka, and she got pretty sick and I found out afterwards...well I knew that night or the next day that she had been in the alcohol and....because she was sick, but I found out later that what had happened was the young boys got her drunk and took advantage of her in that state....I don't want to think molesting would be...I don't know whether you'd call it stretching the imagination, but they certainly...they petted her and they pawed at her, that type of thing...I guess molested her to a certain degree and I think that always kind of weighed on her because she did feel a lot of guilt about that...she didn't talk to me about it but she talked to Anne about it quite a bit and that always weighed on her a little bit. Nothing was ever really legally done about it, we talked to the police but the police couldn't do anything because everybody of course was a minor and this and that and the other thing, and it just got kind of pushed to the side. But that was something I think that was always at the back of her mind.

In addition to the abuse, David also thinks that the parental separation was not a helpful thing for Jocelyn at that point in her life:

> *The separation I think really...that was another thing that really didn't help matters with Jocelyn too much when she needed the parental support and consistent type discipline and that type of thing and she wasn't getting it. She had more of a free reign with me...not that she would go out all night, she'd go out and be home by 10 or 11:00, that type of thing, but a little bit more liberal type of approach with me as opposed to Anne. And she felt...like if she got mad at me, she could go over and live with Anne, that type of thing. I actually got to the point where I told her....if she's not going to live by my rules, I told her just go and live over there and that was it. But then she couldn't live under Anne's rules either, so she decided mine was probably better than Anne's. Easier way out...then again, I probably reneged on a lot of things too that I said I was going to do.*

By the time Jocelyn reached grade nine and ten, dramatic changes in her behaviour had become very noticeable. These years were marked by extreme forms of violent behaviour, to the point where it became hard for David to recognize within Jocelyn's angry eyes the daughter he once knew:

> *I guess grade nine and ten were her worst type years. She was very, very...she became very violent, it was really the extremes in grade nine and ten, at one point she actually hid a...me and Anne got back together and she actually hid a knife from us and I remember that because I couldn't sleep at night. And you could see in her eyes, it just wasn't Jocelyn...and even being so strong-willed, that wasn't Jocelyn. She became very violent towards Anne and towards me.*

Jocelyn did not behave in a violent manner toward her friends or her brother. This behaviour was almost exclusively directed toward her parents. One incident with Jocelyn led to the involvement of social services:

> *There was one time I had to restrain her and...anyway, she ended up getting a bruise on her cheek and she went to school the next day - this was in grade nine - in she..one of the teachers saw this, it wasn't a bad bruise by any stretch of the*

imagination, but the teacher saw it and called social services and this and that and nothing was said about the fact that Anne had bruises on both sides of her arms, that type of thing....Anne was physically being...just physically abused by Jocelyn - emotionally and physically...

The way that I understood David's explanation of this incident, he actually was quite relieved to have social services come by for a visit, because up to that point no one had been willing to step forward and provide help in what, for David and his family, had become a very frustrating and stressful existence:

D So Jocelyn knew she could just basically do whatever she wanted and get away with it. It got to a point...we actually had...one night Anne sat on the phone and she couldn't...she was losing control and I just felt...I had absolutely no control anymore, she talked to suicide counsellors, she talked to welfare people, she talked to everybody and nobody could help her. Nobody would....nobody would actually take responsibility. Nobody would help us deal with the problem. Nobody could come up to us and say here... step in and take control of the situation. We had to take care of Jocelyn, we had to...like I say, put a roof over her head and food in her stomach and clothes on her back and social services wouldn't provide any help. If it was proven that we were abusing Jocelyn, they would take Jocelyn and support her and do whatever to help her. But, the fact that Jocelyn was abusing...physically abusing Anne and myself, they wouldn't do anything. They would not step in. The police would not step in, Social Services would not step in, Anne herself was close to suicide. Anne was really close. She couldn't handle it anymore.

S Yeah, I can imagine after two years...just being overwhelmed by it...

D It was a nightmare.

David sees the naive actions of one school counsellor in particular as being utterly detrimental to the well-being of Jocelyn and the family. The counsellor told Jocelyn that it was within her right to leave home if she didn't like the family situation and that it was her family's legal responsibility to provide her with food, clothing, and shelter. David explained that:

This one counsellor actually told Jocelyn that Jocelyn was within her rights to leave home and if she didn't like the family situation, she had the right to leave. She could do whatever she wanted. And after that point, we basically lost control of Jocelyn because legally we couldn't do anything. We had to provide Jocelyn...and Jocelyn knew at that stage, we had to provide her with a roof over her head, clothes on her back and food in her stomach. At that point she realized that and that counsellor at that point in time, I think did more harm to Jocelyn than anybody in the previous 14 years by telling her that...and not knowing the full situation of the trouble we were having with her at home...

Eventually, because of a family connection to Catholic Social Services, David and the rest of the family did receive some help from the outside. A counsellor, Mark, began visiting the family on a regular basis. Jocelyn hated Mark for the first two or three meetings, though eventually he grew to be one of the few people that she really trusted and would open up to. Significant improvements within Jocelyn were noticed almost immediately:

After we had meetings about once a week for oh about three months actually, he came out once a week and after about three or four meetings, it was amazing the difference that he made for her. You could see her actually coming around and opening up and talking and we were very, very open - both Anne and myself and her...Kyle never took part in...he never really...mind you, he was down living in Calgary now at U of C, but she really opened up to Mark and she got to the point where Mark was one of her real...not a companion or friend...but somebody she could really trust and deal with. And Mark was one of the only people that could ever deal with her and talk to her and get things out of her. She got to a point where the summer...that summer of '95 that she was really doing well - during the summer and even going back to school in September and we stopped counselling session in September.

David was actually quite negative towards the counselling at first, thinking that it wouldn't do "a damn bit of good", though he says at that point in time he had pretty much lost all hope in the situation.

In those days the thought of Jocelyn committing suicide never entered David's mind. To him, her behaviour was just normal rebellious teenage behaviour. When

September came and the counselling ended, things with Jocelyn began to revert to the ways of the past. Soon Jocelyn was attending a centre for troubled youth and seeing a psychiatrist who put her on an anti-depressant. Three weeks before Christmas Jocelyn attempted suicide by pill over-dose. Her psychiatrist's advice was to up her dosage, go on their vacation (the family was set to go Florida over the Christmas holidays), and then see how things were when they got back. To David's surprise, Florida went very well:

> *She was really nice on holidays. Normally she would be putting up a fight - I want to go here, I want to do this or I don't want to do that. But she was very conciliatory, very...if Anne wanted to do something oh, okay. that sounds like a great idea mom. Let's go do that. She did things for other people at that stage of her life.*

After the holiday David and his wife were still very worried that Jocelyn would attempt again. They arranged to have Jocelyn's counsellor from the Catholic Social Services back working with her again. A week before she completed suicide, the three of them, Mark, David, and Anne sat with Jocelyn in the living room and told her that they were afraid that she would attempt again. Jocelyn promised she would never make another attempt. Though David was afraid that she might attempt again, he still didn't believe that she would ever complete suicide He thought Jocelyn's suicidality was mostly attention seeking behaviour.

On the ensuing weekend, to the delight of David and Anne, Jocelyn broke up with her boyfriend. In their eyes the relationship was an unhealthy and mutually abusive one, which was doing nothing to help matters with Jocelyn. On this weekend and the last, Jocelyn actually appeared to be quite happy. She played cards with the family and, in general, just seemed to be getting her life together. Monday would be different, though. On Monday Jocelyn ended her life:

> *On Monday, that wasn't the greatest day for her....I had a meeting in Calgary that day and Anne was working as a receptionist in a doctor's office so we left...and she had an exam on Wednesday so she left...she said well I'm going to study during the day, I'll be home by myself, I'll study during the day and no big deal. Anne left for work and I went to Calgary and I was coming back that night, Anne phoned her in the morning and she was quite happy, nothing out of the ordinary. I didn't talk to her during the day other than when I was leaving*

Calgary - I remember phoning her at 4:30 and talking to her and there again, it was the same...always let them know when I'm leaving and that type of thing so I'd be home at a certain time. I told her I was leaving Calgary, it was about 4:30, I'd be home around 7:30. She said okay, no problem dad. Then Anne came home...she was working with a neighbour actually and the neighbour and her were coming home and she dawdled on the way home and stood outside the house and talked to the neighbour, then eventually came in the house...I don't know about after 5:15 or 5:30, that type of thing by the time she got in. Couldn't find Jocelyn and she..for some reason, I don't know the whole details, but she couldn't find Jocelyn, she was hunting for Jocelyn, she went upstairs, she couldn't see her in the bedroom and she...that's it, she went downstairs and she found Jocelyn. Jocelyn hung herself and she initially thought it was a dummy - that Jocelyn had played a dirty trick on her. So that's when she ran upstairs and she, at that time, was hysterical, and went downstairs and tried to get Jocelyn down, she couldn't get her down and went to the neighbours and Doug and Jane next door, Jane came in not knowing what was involved or what the problem was - went downstairs and Anne went to phone the ambulance and 911 and Jane went downstairs and saw Jocelyn hanging there and just...as Anne says heard a blood curdling scream. Then Jane came rushing up and got Doug, Doug being a fairly large guy was able to get her down and cut the cord and he started CPR on her and the whole trauma thing...and the meantime here I'm driving home, not a clue of what was going on. I got home about...here again, I took my time getting home, I had to drop another guy off right over by the university here, and just dawdled around and I finally got in and opened the garage door and here's my brother-in-law and Doug, the next door neighbour. They said there's been an accident. I thought oh my God no, I thought initially they were wrong. Jocelyn had gone out and done something or whatever...I don't know. So we went to the hospital and everybody was there and at that time of course Jocelyn had already been dead for a few hours. But everybody...they waited for me. That's when everything changed.

By all accounts, the day that Jocelyn completed suicide was a day of perplexing and outlandish behavioural contrasts. Shawn, a friend of hers, was with her most of that day, but left because he knew David and Anne would be home soon and they didn't like him (he was one of the boys that had molested Jocelyn a few years earlier). Shawn would later report that throughout the whole day Jocelyn was trying to do different

things to kill herself, and that she just wasn't herself. When Shawn left her he believed that she was over the worst of it and would be okay until David and Anne got home. Before she died Jocelyn phoned her ex-boyfriend who, because she sounded so different -- so unlike herself, still doesn't believe that it was her on the phone that day. Jocelyn also talked to both her parents that day, though unlike her interaction with her friends, to her parents, Jocelyn sounded perfectly happy and content. To this day, David is still amazed that Jocelyn could have been going through that much anguish, enough anguish to want to kill herself, and yet still keep it perfectly hidden from her parents.

As is the case with any account of human experience, there are always two, or more, sides to every story. In David's story of Jocelyn, there is indeed another story quite apart from the one that has been presented thus far. The story of a sensitive, tender, and caring Jocelyn, a Jocelyn who would take the role of counsellor among her many friends, a Jocelyn who could touch deeply the hearts of those who loved her:

But Jocelyn...antagonistic relationship between Anne and Jocelyn, they were at each other a lot, but at the same time, I've got cards at home....Jocelyn say for example would turn around and give Anne such a nice card or on special occasions....she was antagonistic but on the other side, she was probably one of the most caring people there too. In one breath she'd be yelling at you and screaming at you, and the next thing she'd come up and give Anne a hug or I'd go out of town and they'd sleep together - that type of thing. So it was kind of always back and forth like this. They had a very special .....it's hard to say. There were extremes there, but....they would fight and then she would make up...but like I say, she would give Anne a card....I remember one card she gave Anne for no particular reason - it wasn't Mothers day, it wasn't a birthday, it wasn't anything. It was just here's a rose and a card because you're special, that type of thing and I'm sorry I get mad and I do things, but you're still one of the greatest people that I know and she wrote this in the card and Anne's got it to this day. Things like that. She would do things like that that were just....you would thing geez, this is such a rotten kid and then at the same time was probably one of the most caring people you've ever met. She had no lack of friends. She had more friends than you can imagine. She....she always seemed to be the counsellor for her friends - that type of a person. She was always the one talking to her friends and helping her friends through the crises, that type of thing. You know what teenagers are like I guess.

David's Story of his Relationship with Jocelyn

A Father and his Daughter

David and Jocelyn were very close. This is how David described in his own words the closeness that he felt toward his daughter:

> *We were actually...I was quite close with Jocelyn...not from the point of view that - the actual very intimate thing, like menstrual type things and stuff like that, she was obviously...she wouldn't talk to me about stuff like that. She liked to do...like we liked to do things together. She went out with her boyfriend - her boyfriend had a hotrod...not a hotrod but a suped up car type thing and go out to the race track out south of town here with her, and she wasn't afraid to be seen with me. I suppose where a lot of kids are...go stand over there about 30 or 40 feet you know...she wasn't embarrassed, that type of thing which...I felt close to her.*

Because of the close emotional bond he had with his daughter, David felt all the more frustrated when Jocelyn became violent and unmanageable. In this next segment of conversation David explained to me the two sides of his relationship with Jocelyn, including how he would try to handle the "dark side":

D *And that's why it really bothered me when she became physically violent and she would...like I say, she'd actually hit and strike and she hid the knife..that type of thing.*

S *She'd hit and strike you?*

D *Oh yeah. She was quite strong for a kid her size.*

S *How would you deal with that? What would go through your own mind?*

D *Well, I would try to restrain her and...yeah, you just grab onto her and you just physically try to restrain her. That didn't work, eventually she would get loose and you could see it...I could see it coming if something were building up or if she was in a particular mood or something...what I'd try to do is try to avoid the*

conflict to begin with so you don't get into the physical side of things with her and...it's successful to a certain degree but that never solved or addressed the problem. I never physically hit her. It's a difficult thing to really...imagine - a teenager getting that violent that she put holes in the wall. She'd kick her door, put holes in the door, I had to patch up the drywall a couple of times and things like that. And that was kind of the dark side of Jocelyn and then you...you look at the other side of her and then she'd come up to you and give you a hug just for being there type thing. She just...she loved to have her picture taken - she'd be in front of the camera, she'd do anything she could to....you'd go into school with a video camera and she would smile at you - that type of thing. She wouldn't hide from you. She wasn't embarrassed with her parents. She was...more than willing to introduce her...like me and Anne to people and her friends.

For David, Jocelyn's erratic and unpredictable behaviour moved beyond frustration, to the point where he would become quite angry at his daughter:

I don't know what I thought of it at the time, I was mad, I was angry, I thought Jesus what are you doing? In one breath...in one moment you're just a happy go lucky kid, the other time you're just fire and fury type thing. You take a look at a picture of her and she doesn't look like a terribly violent person. She just looks like a normal everyday kind of 16 year old kid. And when you tell people...like some of the episodes we went through, they just don't believe it.

Not every confrontation between Jocelyn and her parents became physical. There were many times, of course, where the "battles" were more verbal in nature. David explained to me that his approach to solving verbal disputes with Jocelyn were much different from his wife, Anne's. David said that Anne's approach was more controlling and resulted in an antagonistic relationship with Jocelyn, whereas his approach was much more conciliatory:

D *Anne I think grew up - in her family - where parents were very controlling and she tried and she just....it was always "no, you're going to do this" type thing and Jocelyn was never that way. They were very...at each other quite often.*

S *And where would you fit in that?*

D *I kind of looked at myself as being kind of...in a lot of cases, well, I tried to support Anne, but then...and looking back at it, I probably okay, well, let's take the easy way out so I'd be standing on the outside and kind of acting as judge and jury - that type of thing and then to solve the problem as quickly as you can, you appease Jocelyn and...in essence, I probably didn't help matters too much by....I probably should have been a lot more firmer with Jocelyn...whether that would have helped or not, I have no idea. It's difficult to say.*

Though at the time he could feel very angry toward Jocelyn, today David explained to me that he does not blame Jocelyn for the way she behaved during the difficult years. Jocelyn had problems beyond that of most people, and to say that she was somehow "crazy" or blameworthy because of it, does not fit at all with the way David sees his daughter:

I look at Jocelyn and she wasn't crazy, she was a very caring person, a very...she was emotionally disturbed I think...I think she had some serious problems that nobody could diagnose. She was depressed, but at the same time she was a very caring person. She gave herself to her friends and at times she gave herself to her mother and me. She was very...I could never get Kyle to give me a hug or Anne a hug but Jocelyn would come up and give us a hug - that type of thing. She's not crazy. She had her problems yeah, but she wasn't crazy and people don't understand that. It just...when the subject of suicide comes up, I get very...I suppose defensive about it.

David's Story of Self

David

David described himself to me as a quiet man, a private man, a man who is likely to keep his thoughts and emotions to himself, especially those of a painful or personal matter. He doesn't know whether his co-workers know about Jocelyn's suicide -- he hasn't told them. This interview, he said, was the most he had every spoken of his loss to anybody. It surprised me a little when he said this. I was sure he must have recounted his story on other occasions, what with the ease and candour with which he spoke, but apparently he hadn't. David didn't go into much detail about his own

childhood or family of origin, though he did let me know that when Jocelyn was a baby and the family was young, he had great dreams of success:

> *When I look back when Jocelyn was a baby and we were a young family, and some of the goals I had and some of the things I wanted to do and some...make millions and be a powerful person, this, that and the other thing....or whatever. That's not in my...that's not in the picture anymore. A year and half or two years ago it was. But it's not now.*

I gathered from David's description of the consulting business he used to own that he was perhaps well on his way to achieving the goals he had set our for himself as a young man. However, when the unimaginable happened, and Jocelyn completed suicide in January of 1996, the course upon which David's life had been traveling changed dramatically and permanently. David's response immediately following Jocelyn's death was shock, which then, after about a month, faded to numbness:

D *I went through a period of about...I suppose you're kind of immediately in shock and I think for the first two or three weeks and you try and go through life as best you can, you're kind of taking steps and doing the routines and that type of thing, but you're not really....*

S *Just sort of going through the motions?*

D *Yeah, just go through the motions and I went to a meeting I remember in Regina, Jocelyn's funeral was on Friday, and I went to a meeting in Regina - a good friend of mine was supposed to have a meeting that week and he said don't worry about it, just take some time off. I was consulting at that time. I phoned him up and I said would you mind if I came because I just had to do something. I can't sit and twiddle my thumbs and do nothing and he said sure, if you feel up to it, come on. So I went to that meeting and I was just a total waste. It was nice of him to pay me for my time while I was there, but I didn't contribute at all.*

S *What were you doing?*

D *Just some meeting on...I can't even remember exactly what the subject was to be honest with you.*

S *But you were just like...spaced out?*

D *Yeah, I was just in another world. I wasn't even...my thought patterns weren't even focused anywhere near what we were talking about. I was just in shock. I was still in shock thinking back now - for the first month or so I was just basically a zombie walking around - I was in shock. After that you seem to get a little bit more of a grip on life and you're just numb....you still can't believe that something like this has happened.*

David says that the first year following Jocelyn's death, he really doesn't remember much, except for activities that centred around Jocelyn, such as going out to the cemetery. Other than that, the rest of it is just "grey area".

David does recall that both his and his wife's family were unaccepting of Jocelyn's suicide and provided little support following her death, especially as time went by:

> *We found that people even in our own family weren't accepting of the fact that...well number one that it was a suicide. Anne's father was very...he's an old military person and the suicide issue, he wouldn't even talk about it or think about it. He won't, to this day, talk to us about it. That was something Anne had to deal with and our own family...they helped us at the funeral and they helped us the immediate week after, and that type of thing, but then everybody else has gone on with their lives and here we're left - the three of us - to deal with the fact that we've lost our daughter and sister...and nobody was there to help us.*

David said that one of the most helpful things in his own bereavement was to connect with other people who could understand what it is like to lose a child. David and his wife Anne made this connection through attending Compassionate Friends meetings. These meetings helped put things into perspective for David and prepared him for some of the grief reactions he might experience in the future:

Compassionate Friends is good from the point of view that you do meet other people who have lost children and it's a very unique loss. They're not all by suicide...surprisingly enough there's an amazing number by suicide. Once it's happened, it's amazing how many people have been affected by it. But it's good to talk to those people...if not only just to....just to express your feelings and to show their compassion.

And

There was absolutely nobody and then we, like I say, got caught up with Compassionate Friends and we found there were other people who would listen to us and talk to us. And those are the people for the most part we talk to now and are close friends of Anne's. People can't comprehend...it's not their fault, they can't comprehend what that loss is like. They can't comprehend that. It's like something is ripped right out of you when you lose your child like that.

David explained to me that members of his extended family don't understand what it means to lose a child to suicide. They think that now that a year has passed his bereavement should be over and he should get back on with his life. David made it clear that this is not the way bereavement following suicide works:

D *We had a memorial service for Jocelyn and we put a lot of effort into that and it was quite a...I thought really nice tribute to not only her, but a lot of other suicide victims. The family...and there again, the family just didn't kind of get the message. They don't understand.*

S *Your family or Anne's family?*

D *Both families. They're both outside...I think they kind of think we're a little bit....why don't you get on with your life type thing. They all have that attitude - why don't you get on with your life, it's been a year and a half now...what's your problem?*

S *And what's your feelings towards that?*

D *I think they're idiots. My life is...just like I told you earlier, my life has changed, it's different. I'm not that same person. I am getting on with my life, but it's a different life. If you don't like it, too damn bad. Now I....I guess I...I remember things now and I still...like I say, think of Jocelyn every hour of my life. I wish I could dream about her, but I can't. I don't know why. Maybe*

I'm trying too hard I suppose. I don't know. It's kind of a weird and wonderful experience I suppose.

As was mentioned earlier, David's life underwent a huge transformation following Jocelyn's suicide. David told me that he is definitely not the same person he was two years ago and that he could never see himself returning back to the point where he was prior to Jocelyn's death. My understanding is that Jocelyn's death punctuated the end of one story of David's life, and, in doing so, introduced another:

I've changed my attitude about living I suppose - I don't take things nearly as seriously as I used to. I don't take work as seriously as I used to. Maybe if I would have...from about...well I started my own company in '89 -90 and I spent a lot of time on the road, maybe if I would have stayed at home, maybe things would have been different too. Hard to say. Maybe they would have been worse. I don't know. But I don't do that anymore. I'll go away for a day or two and if I...I enjoy traveling, I don't do it simply to make money anymore. The aspect of making money...I mean, everybody it's always uncomfortable. I'd be happy without that, whereas before I was after the...every dollar I could get a hold of type thing.

S *So the values have shifted there.*

D *Oh yeah.*

S *How does that connect with Jocelyn's death?*

D *Well I think looking back if you put things in perspective, everything is so much more trivial when you look at the life and death part of things.*

S *Right.*

D *When you see your daughter lying on a bed dead, what else matters anymore? Sure we all have to make a living, we all have to have a house over our heads and have to make enough money to support Kyle and Anne, I have to well at it enough to continue to make it, but other than that, everything else is trivial. A lot of things...I just don't...I care, but I don't....get over concerned with. I care*

about how things go at work, I care that I do a good job, I mean everybody cares and I think you have to care...but if I don't do a good job or if things don't turn out, I don't get upset. I go on a golf course and I go golfing. If I had a bad round of golf, I don't get upset. I don't care. It's nice to go for a walk.

S *But before that it was different was it?*

D *I was a little bit more goal oriented, I was a little bit more focused on work, focused on accomplishments at work....whether we had two cars or three cars, that type of thing. Or a nice vacation in the Caribbean, that type of thing once a year. You want all those things. But like I say, that aspect of things I don't have in my life anymore. I don't care.*

Since Jocelyn's death, David has spent time looking for answers. He suspects that Jocelyn's mental illness may have been a form of schizophrenia (because near the end of her life Jocelyn was hearing voices) so has done some reading on the topic.

D *Yeah, I'm always hunting for answers. There's as many questions as there are answers I suppose. And like I say, Anne does a lot of reading about it and she passes it onto me and...we are trying to find answers and questions..or to the questions and we probably never will find all the answers, but...I mean when something like this happens, I suppose you're always running a lie...I guess it's not as clear as saying a car accident - if you're hit by a drunk driver or something like that. You know...*

S *They can recreate the accident and find out what happened.*

D *Yeah, what happened, there's a drunk, there's a car, there's...you're here there, there it is. In this particular instance there's a lot of questions as to why - with a suicide. What's going through their mind, what are they thinking....what were they thinking up to that day...why couldn't you pick up on some of the things...if it's an illness, what was the illness? All these questions...why couldn't I...or why couldn't we pick up on them or understand more about it. Yeah, there's a lot of questions and we'll search for them for a long time I suppose. But that's, I suppose, part of the deal.*

David made it clear to me in our conversation that he didn't blame anyone for Jocelyn's death, including himself:

> *I get pissed off just with everything that's happened I suppose. I don't blame anybody. I don't even....I don't blame myself, I wish I could have done something....I feel sorry for a lot of people - I feel sorry for Anne, especially the trauma aspect of it. I don't know how I would have reacted if I would have seen Jocelyn...the nightmares that she has....I really feel sorry for her. I feel admiration for our neighbours who went through that night and did what they did. A lot of people wouldn't have done it.*
>
> *And*
>
> *I think of things that I could have done better, but no, there's no blame. I don't blame myself...obviously there's things that everybody could have done better but no, there's no blame. I don't blame myself. Like I sit back and I think through Jocelyn's whole life and I think of the things that happened to her and the things...how she went through her life and it was almost like it was building, building, building. I honestly believe that it was...well, the more I read about it, the more I try to understand about schizophrenia. I think there was some connection there. I guess maybe if I understood more about it when she was younger and if we'd understood that...I mean, if I could turn back the clock twelve years, she'd be here today. But I can't do that. And I can't blame myself for not understanding what was going on. Shit, we'd all be rocket scientists if that was the case.*

Though David doesn't blame anyone, he still feels a lot of anger and resentment toward the mental health profession. David thinks that Jocelyn's psychiatrist should have been able to make some type of diagnose of her problems, and should have assessed her as at high risk for suicide, especially after her initial attempt:

> *But, the one thing that gnaws at us is the fact that she was seeing a psychiatrist, medical doctors, nobody could diagnosis it, nobody could...other than the fact that here's a.....I don't know what she was on, but there was no...no indication from the psychiatrist that there was anything else and I honestly believe that there was something else. It just....that kind of behaviour, there's a reason for it - I think. The psychiatrist didn't take it seriously - especially after that one attempt. But that's a frustrating thing - that there was no diagnosis other than depression.*

Since Jocelyn's death David has acquired a heightened awareness around the issue of suicide. For example, he finds himself keeping an eye out for signs among Jocelyn's friends in case they might be feeling suicidal. David has also become very sensitive to the way suicide and mental illness are regarded by the general public:

D *But I remember sitting around the coffee maker or standing around the coffee maker - getting coffee in the morning, and these guys were talking about how these crazy people....they were talking about one woman who committed suicide - a mother - and the comments came out oh these crazy people...why would people be so stupid and why would people do stuff like that....you know...why do they...I mean you've got to be crazy and this and that. I thought...I was just about ready to say something at that stage and then I thought...I was very angry.*

And

D *People joke about it and I had a person send me a joke on the Internet and I...it's not their fault because they didn't know, but it was a joke regarding suicide and this person...I don't know..I only read half of it and then just deleted it type thing. I thought it was in very, very bad taste when I read it. But, if this never would have happened to me, I probably would have read it and laughed. But...I'm very sensitive towards things like that now.*

S *That's part of the way you've changed from that day onwards in your life.*

D *Yeah. I don't joke about suicide, it's a very serious issue. I think people who make jokes about it kind of lessen the importance of it or lessen the...kind of...they don't...they kind of take away from it. They take away from the people who complete suicide and they take away from the actual suicide issue and the importance and understanding about it. They trivialize it. I think it's a shame to do that. If there is one thing in my life that is very..that I'm very sensitive about, that's it. I don't think it's something to be taken lightly. Sensationalizing it and talking about...newspapers, I get very upset with newspapers.*

S *The way they portray it?*

D *The way they portray it and talking about...there was schizophrenics and stuff like that...mental illnesses - the way they portray mental illnesses, the way they portray people who are depressed, the way they portray schizophrenics - like a bunch of babbling idiots walking around the countryside type thing. I think it's very disturbing to see that.*

David's way of grieving at this point in time is very private. Though he is always thinking about Jocelyn, he rarely talks about her. This has caused some friction between David and his wife, Anne, because Anne's way of grieving is very open. Her need, according to David, is to talk about Jocelyn constantly and to attend meetings for the bereaved:

D *Like I say, I just want to cruise along and that one important thing is gone in my life and...let's just get the day over with and go onto the next day. That type of thing. Go golfing, that's fine. Have a beer and go golf. And Anne seems...I guess Anne is really working in another direction. Here you have Anne going in this direction with the suicide support type idea and I don't personally...I personally wouldn't get involved with it because that's not me. I'm...I go in another direction where I'm just kind of....I'm by myself - that type of thing. So it's affected us and our relationship.*

S *So you're both grieving in two different directions.*

D *Yes. Oh yes. hopefully we can kind of get past that and we can still see there's....a need to be with each other and I think we do, there's a need to be with each other. I don't believe there's that closeness as much as there was say three or four years ago or whatever. But, like I say, if we can get through that, then we can continue on together in the same life type thing.*

And

I'm not as open so if I don't have to..say for example they had a suicide awareness vigil in Calgary and Anne will go to those things. As soon as she sees it, she'll automatically..she'll go. I would personally avoid those things - not because I don't think it's good, I don't know...I guess I just don't want it thrown in my face I suppose...just let me think about it and deal with it on my own type thing. It's just different personalities I suppose. I've seen men who are just as involved with the whole suicide thing as Anne is, but myself, I would

avoid that aspect of it, but that doesn't mean I don't think about it or think it's a worthwhile thing.

The suicide of his daughter has left David immensely fearful of the prospect of losing his son as well. For David, such a loss would be devastating beyond words:

D *I guess sometimes I live in fear that something would happen to him. If something ever were to happen to him, I honestly don't know what I would do. I can honestly say that, I don't know.*

S *Sort of a terrifying prospect.*

D *Yeah, and he goes out and he...I know Anne worries about him, but she tries not to worry openly about him and I do too. I just...sometimes I just get myself sick over the fact that I don't know where he is, and he's 21. I mean he's an adult, he lives at home and he still goes to university, but he's an adult and if he wants to go out at night and not come home until the next day, he's an adult and I think just common courtesy, he's living at home, he should let us know. And he does. He's very...understanding. But, I worry. There were a few times there..I know he goes out and you don't know where he is or what he's doing and it just bothers you. You keep...in the back of your mind you're going to get that call or see him the next day...that type of thing. That's a terrifying experience.*

Not an hour goes by that David doesn't think about his daughter -- he thinks about Jocelyn constantly. Because of this David says that he sometimes has poor concentration at work and can easily become distracted.

I have trouble focussing, I have trouble concentrating, I have trouble...I have a normal everyday job that somebody can sit down and work and do in a period of two or three hours would probably take me four, five, or six hours. I can see that and I wish it would be different, but that's my life now. I just have to deal with it as best I can.

David explained to me that to some extent his reaction to Jocelyn's death has less to do with the fact that she died by suicide, and more to do with the disruption of the normal parent-child death order -- children should outlive their parents:

D *It's a difficult thing to explain to anybody exactly how you feel after your son or daughter is gone...whether it actually be through suicide. The suicide part of it is...that's the act...whether the death occurred because of a car accident or whether it occurred because of a suicide or drowning or whatever, it doesn't matter. The death of a child is a difficult thing to explain to people exactly how it affects you. It's something that stays with you for the rest of your life. It's not the natural order type thing of things to happen. When your child dies...you're supposed to be...like when my dad died, it was more natural. He grew old, he had a heart problem, and he died. I miss him, I think...even though I probably didn't see him as much as I should have and that type of thing, I think we all say that after your parents have died.*

S *Yeah, you wish you'd seen them more.*

D *Yeah. You wish there would have been more. But it's natural. It's a natural type of progression. But, when all of a sudden something else happens like your daughter dies, passes away, that's not natural. I'm supposed to die before my daughter. She's supposed to see me die or whatever. It's just the way things are. It's something that lives with you for the rest of your life. You have to live with...it weighs heavy on a person.*

To think that Jocelyn lived and died without there being any larger meaning to her life, is unacceptable to David. He believes, and experience has confirmed this belief, that a lot of good has come about directly because of Jocelyn's death:

D *Maybe Jocelyn's the smart one...I don't know. I don't know. It makes you wonder....if you believe in life after death and all that kind of stuff. Everybody is put on this earth for a reason I suppose and that type of thing. Maybe Jocelyn's life was worthwhile....you want to think that it was...to think that maybe something good will come out of it and I think...the work Anne's done has proven that there is some good to come out of it. The article that was in the Journal there...I thought Scott ----- not only paid a tremendous tribute to Jocelyn*

but also paid a tribute to all suicide victims and survivors I think. It brought a lot of awareness to the subject.

S *Yes.*

D *And I'd like to think that Jocelyn's life was of some value.*

S *Do you see that?*

D *Oh yeah.*

S *What do you see?*

D *Well, I think Jocelyn....personally I believe that Jocelyn was put on this earth for a particular reason and maybe that was it - to bring a little bit more awareness to the subject so maybe it will prevent somebody else or...and it already has. I know one of Jocelyn's friends was thinking about it - contemplating suicide and...there's been a lot of good from Jocelyn's death. There's been a lot of bad too - I mean, not a lot of "bad" I suppose, but I mean a lot of changes.*

At present David's bereavement is marked by what he refers to as an emotional rollercoaster ride. Part of this ride is guided by the empty spaces that Jocelyn has left now that she is gone:

> *There's days where...like I say, over an eight hour period where you can be euphoric happy and then about an hour later you can be just down. And I don't think it has any bearing on whether you're thinking about Jocelyn or whether you're not thinking about her. Sometimes when I'm thinking about Jocelyn I feel very depressed - extremely depressed - other times I'm thinking about her and I'm kind of..I'm kind of happy. Yesterday we went on a picnic - not really a family picnic but just a picnic with my aunt down in Calgary and...well, two aunts and a couple of cousins we know down there and that type of thing. So we just went on a Sunday afternoon picnic down at the park and I...I never thought of it much, Anne had mentioned to me afterwards on the way home that she was very....very...those are the times when we do things like that that she really misses Jocelyn because you're always...and I thought about it too when I*

was there...you see kids playing and teenagers doing the teenager thing...hiding behind the tree or whatever, you think that could be Jocelyn. Why isn't Jocelyn there to do that?

Near the end of our interview I asked David about his thoughts on how his bereavement will unfold in the future. I learned from David that bereavement following the suicide of your child is not something you ever completely heal from or "get over". Perhaps we, those who are not survivors of suicide, conceptualize suicide bereavement using the wrong words coming from the wrong taken-for-granted assumptions:

S *Now, when you look ahead to - the bereavement process, do you have a sense of what you need or do you need anything or is it sort of going along at this point in time?*

D *No I don't know, I have no idea. It's just something that...you just roll along and see what happens. I have no idea. I really don't. I don't know where I'm going to go, I don't know what I'm going to do, I don't know....I don't know how this whole thing is supposed to turn out. I've never done it before. I don't know if anybody can actually tell me how it's supposed to turn out. I don't think there's a recipe for it and it just happens. I think there are certain things you can do to try to help different issues in your life or deal with different issues, but as far as the actual bereavement process, what I'm supposed to do next, I don't know. The only thing I know for certain is I'll never forget Jocelyn, I'll never stop thinking of her. I'll be grieving for the rest of my life. I will literally. If that's what they call it, that's what I'll be doing.*

Epilogue

Because David lives out of town, I received his feedback over the telephone. David had intended to send me his comments in the mail but was unable to due to a very hectic time schedule. Our conversation was quite brief, though very congenial. David informed me that my presentation of his story was an accurate one that effectively captured what he told me during our interview. David also mentioned that it felt strange to see his spoken words written out on paper. David ended by saying that he was happy to have had the opportunity to participate in this research.

Discussion

When we aggregate people, treating diversity as error variance, in search of what is common to all, we often learn about what is true for no one in particular. Narrative approaches allow us to witness the individual in her or his complexity and recognize that although some phenomena will be common to all, some will remain unique (Josselon, 1993, p. 27).

As emphasized throughout this research, the strength of the narrative method of inquiry lies in its capacity to capture how individuals create meaning out of experience by preserving the temporal, linguistic, and contextual features of their story. Each of the four stories presented in this research bring to focus different, though related, narrative depictions of what it is like to lose a family member to suicide. Some of the findings from these four stories re-affirm what has already been written on suicide bereavement. Other findings extend our current understanding of this form of bereavement. Some of what is learned form this research would have likely been overlooked or neglected had another research methodology been chosen. That is, new information about suicide bereavement was obtained because the experience was presented as meaningful and holistic storied accounts. When narrative threads of experience are made visible, they help connect and explain how the present circumstances were historically constituted. Thus what might be presented in other research accounts as a simple and straightforward fact would, in a narrative account, be presented with additional information necessary to bring added clarity and increased understanding to such a fact. This attribute of narrative inquiry will be made clear in the ensuing discussion where I highlight findings from this study that augment our current understandings of bereavement following the suicide of a family member.

In the present research certain aspects of suicide bereavement did seem to be common among the four participants. All who spoke of their immediate reaction following the suicide attested to the experience of shock and numbness. This shock and numbness appeared to interfere with the practicalities of day-to-day living (Jennifer's story, p. 74), concentration and memory (David's story, p. 130), and rational thinking (Angie's story, p. 56).

Anger was another common experience among the participants, most of which was directed toward the mental health profession. Though this same finding has been documented elsewhere, the assumption is often made that anger is a guilt-laden activity designed to deflect feelings of responsibility away from the suicide survivor toward a less anxiety provoking target (e.g., Van Dongen, 1990; Wrobleski, 1984). Contrary to this assumption, through examining the participants' intact narratives, it was found that anger was not a sudden response to the suicide itself, but was situated within the historical context of the participants desperately trying to obtain help for their troubled family member. In light of these historical battles with the mental health profession prior to the death (Angie's story, p. 37; Gail's story p. 106; and David's story, p. 114), assumptions that post-suicide anger serves to provide the bereaved with a scapegoat on which to place responsibility seems to be misleading. In fact, there was very little in the way of blaming behaviour mentioned by the participants in this study. Apart from Jennifer thinking that the department of social services "had a part in" Clarke's death (p. 78), none of the participants held a particular person or institution as being directly responsible for the suicide of their family member.

Another common theme, one that was attested to by three of the participants, was the disappointment and hurt that resulted from a lack of support provided by extended family members, or in Gail's case, an immediate family member, following the suicide. In Jennifer's case, her own mother wouldn't come to her house following Clarke's suicide (p. 78-79). David's family all disappeared a week after the funeral, and his father-in-law to this day will not acknowledge Jocelyn's death (p. 124). Gail's husband would not allow her to cry over her sister's suicide, her only solace coming from her teenage son, Rob (p. 103).

It was notable that the psychosocial aspects of normlessness and stigmatization, which are said to accompany suicide bereavement (e.g., Dunn and Morrish-Vidners, 1987), were not given much attention by the participants in this research. Angie did say that during the weeks immediately following Donna's death she didn't like being asked about her suicide in public, though did not recount any overt experiences of stigmatization (p. 52-53). The absence of available norms to guide one's bereavement, was also not directly referred to by participants. However, the lack of support afforded to the participants by their extended or immediate family, as mentioned above, may be indicative of the absence of a norm by which to provide support following suicide.

In keeping with other research accounts (McIntosh and Wrobleski, 1988; Miles and Demi, 1992), the findings of this study suggest that guilt is a common experience among those bereaved from suicide. As I have mentioned elsewhere (p. 25-26), the original focus of this research was on the experience of guilt among survivors of suicide, but that this changed as I learned from my first two participants that a single aspect of bereavement cannot easily be compartmentalized in such a fashion. Thus, by my third and fourth interviews, I was no longer specifically broaching the subject of guilt. Even still, the two participants (Gail and David) whom I did not directly ask about guilt, talked of such an experience or some related experience such as self-blame. Most notably, for David, was the absence of self-blame. David made it clear that he did not blame himself in any way for Jocelyn's suicide. He said he recognized that there were things that everyone, including himself, could have done better though he did not see this as grounds to blame anyone (p. 127-128). Unlike David -- Jennifer, Gail, and Angie -- all felt guilt over additional things they thought they may have been able to do to help prevent their family member's suicide. In turn, each have been able to in some way work through such feelings. Gail came to the conclusion that you can't let such thoughts take over your life, and that by doing good for others one can help mitigate against such thoughts (p. 108). For Angie, her feelings of guilt were reflected in "what if" questions, to which she explained that after a while you come to realize that such questions cannot be answered and that, as a suicide survivor, you cannot be held accountable for someone else's choice (p. 55). Jennifer's feelings of responsibility for Clarke's death were so great that for a long time she directly blamed herself for his suicide. As with the other participants, before Jennifer could let go of her feelings of guilt she first needed to come to the conclusion that she may have been able to do more, but this would not necessarily have prevented Clarke's death. In Jennifer's own words, "Even though we know we didn't do everything perfect, that you have to believe somewhere you did the best you thought you could" (p. 81).

It is interesting that David was the only participant not to report feelings of guilt as a part of his bereavement. A parallel pattern to this finding was that David was also the only participant not to describe himself as being a "caretaker" in his family of origin. Thus, my speculation is that caretakers may, because of the inherent responsibility that accompanies their role, be predisposed to feelings of guilt should something unfortunate happen to a family member who they have been taking care of. This is definitely not to say that because David was or is not a "caretaker" by nature that he does not care about the ones he loves. It is painfully obvious that he

does care very deeply about his loved ones as do the other participants. The difference is that David, at least from his own description of himself, is not someone who has a history of directly trying to help other family members with the same amount of intensity as displayed by the other participants (Angie's story, p. 45; Jennifer's story, p. 71; Gail's story, p. 95-96).

Despite some evidence that parent survivors of suicide experience a more difficult grief reaction than do other suicide survivors (Miles and Demi, 1992), comparative research has failed to support such a claim (McIntosh and Wrobleski, 1988). In the present research it would be difficult to compare the stories of the four participants and identify any one as representing a more difficult grief reaction than another, and thus I am in agreement with Wrobleski who states, "The fact is that every suicide death is the worst for the specific survivors" (1984, p. 178).

However, one difference that was noticeable between the parent stories of surviving suicide and the sibling stories of surviving suicide, was the greater sense of the untimeliness of the parents' loss . To be sure, any loss from suicide is an untimely and devastating loss which in no way should be discounted or minimized, however, there did seem to be a qualitative difference between the parents' experience of losing their child, and the siblings' experience of losing their sister.

For parents who have lost a child to suicide, such as Jennifer and David, they will not be afforded the pride and pleasure of watching their children grow into adulthood. In her story Jennifer spoke of the sadness she feels when she contemplates all the things she would have watched Clarke do had he not ended his life prematurely (p.75). David made his sense of loss very clear when he likened Jocelyn's death to that of having a part of him "ripped out" (p. 124). David also said that such a loss is as an unnatural occurrence that weighs heavy on you for the rest of your life (p. 131-132). To this extent, David considered the death of a child, regardless of how he or she died, to be the underlying source of the incredible pain that accompanies bereavement. For David, it didn't matter how Jocelyn died, just that she died (p. 131). This is an important finding in that it suggests that the death of a child may, in itself, be such a huge loss that it renders parental bereavement to appear similar regardless of mode of death. It should be noted, however, that certain traumatic aspects of losing a child to suicide were not experienced by David such as finding the body. If David had found Jocelyn he may have experienced other post traumatic responses such as those experienced by his wife (p. 127). David did suggest, however, that suicide bereavement was different from other types of bereavement in respect to the subsequent questioning that takes place. After a suicide

the bereaved will often want to know what led the person to complete suicide: What were they thinking? What was going through their mind? This type of questioning does not logically follow bereavement from other modes of death, such as death by car accident (128).

David's point made above relates to another finding obtained in this study. In line with the results of other suicide bereavement studies (e.g., Dunn and Morrish-Vidners, 1987; Van Dongen, 1990), the present research also found questioning behaviour to be a very common activity following the death of a loved one to suicide. However, in addition to this general finding, it was also learned from the participants' stories that different types of questions are asked depending on the deceased past history of suicidal behaviour. In cases where little or no prior suicidal behaviour is exhibited by the deceased, questioning behaviour tends to focus heavily on trying to understand what led the deceased to decide that death was preferable to living, and why they, the survivor, didn't see the signs of impending risk. Such questioning was evident in both David's and Jennifer's story (p. 76 & p. 127). In Jennifer's story her need to understand why her son completed suicide seemed to be the focal point of her bereavement:

> And with a suicide they say it's like somebody smashed your onion and then gave it to you so you have to rebuild the onion and then you have to peel it. And that that's exactly what...we're handed this mess and you have to make it into something, and then you have to go through it piece by piece still, and take it all apart even though you spent all that time rebuilding it. And I think the rebuilding is trying to find out why and what happened, and what did we miss and what didn't we do and what did we do wrong and what shouldn't we have done. And it's a million questions and no answers. (p. 84)

Both David and Jennifer concede that they are unlikely to find all of the answers to their questions, though this does not stop them from being asked: "Yeah, there's a lot of questions and we'll search for them for a long time I suppose. But that's, I suppose, part of the deal" (David's story, p. 128).

For Angie and Gail, whose sisters had long histories of suicidal behaviour, their need to question took different forms. Gail's questions focused much less on what lead Diane to complete suicide, and more on the actual act itself. Was it painful? Did she die in peace? (p. 105). For Angie, her questions were mostly "what if" questions -- hypothetical questions regarding what if something had happened

differently -- would her sister still be alive? (p. 56) In contrast to the type of questions that David and Jennifer posed, it seemed that, for Gail and Angie, it was much easier to let go of their questions, either by finding out concrete answers to them (Gail's story, p. 105) or by coming to the realization that such questions could never be answered (Angie's story, p. 46).

A grief response that was very powerful for one of the participants in this study, but that has not been mentioned in research elsewhere is the feeling of having betrayed the deceased. From Gail's story we learn that she felt tremendous pain over the thought that she had betrayed Diane by not being able to help her near the end of her life (p. 105). I would suggest that feelings of betrayal may be especially prominent for survivors like Gail whose relationship with the deceased involves a long history of being in a caretaker role.

Another very painful aspect of Gail's bereavement that has not been discussed in the suicide bereavement literature involves the tragic way in which her sister's life came to an end. For Gail, the pain of imagining her sister dying alone in a seedy hotel room was devastating (p. 104). To the extent that many mentally ill people who complete suicide likely do so under conditions similar to Gail's sister Diane, it is important to be sensitive to the depth of sadness this may result in for the surviving family members.

One aspect of suicide bereavement that is present in all four stories, but does not appear in the literature, is the finding that in addition to the many very difficult features of suicide bereavement, there are positive features as well. In contrast to prevailing accounts of suicide bereavement that over-represent the pathological story of what it means to survive suicide (e.g. disturbed grief, unresolved grief, grief symptomatology), each of the stories presented in this study contain within it the shimmer of another story quite apart from the tribulation found in the dominant negatively weighted portrayal of suicide bereavement. In each participant's story we see how the life and death of the deceased, or aspects thereof, are transformed into a motif that guides the direction of either a new post-suicide story, or, as in Angie's case, a story that has been developing over time. For Angie, the narrative strands of her post-suicide story stretch back to early childhood where already the seeds of a future profession in psychology were being sewn. To continue with the metaphor, these seeds were fertilized by the many experience that Angie had living with a chronically suicidal sister, notably, her recognition that the professionals who were supposed to help Donna were either insensitive, uncaring, or wholly unavailable (p. 38; p. 60). That is, except for one particular psychologist, who through his

commitment and compassion in working with Donna, inspires Angie to work in the same fashion as she moves toward a profession in the same field(p.38).

It is evident from reading the participant's stories that the positive aspects of bereavement following suicide are grounded in the alternative story that can be told of the deceased's life. The story apart from all the troubles and heartbreak. The story which tells of the regret that good people -- loving, caring, talented people -- with so much to offer the world, have departed from our midst prematurely. The story whose ending, in the hearts of the survivors, must not be written and then shelved in the solitary dust of their own memory, but must go on -- the lives of the departed must have meaning. This meaning is often reflected in the significant changes in personhood that accompany the death of a loved one to suicide.

Gail did not explicitly tell me that her life has taken on new meaning following Diane's suicide, though significant changes were quite plain to see. In Gail's story we are told of the great lengths she went to in trying to secure help for her sister, only to be met with frustration at every turn. In response to the perceived deficiencies in our mental health care system Gail has stepped forward and taken on a role of social advocate. She has taken time to write letters to various organizations and has told her story to an ombudsman (p. 140). She does so not as some type of disturbed individual overcome by feelings of guilt, as the people at the psychiatric hospital so callously suggested, but as a caring human being who through her own experience of frustration and distress would like to help others who may be faced with the same difficulties.

Jennifer is more forthright about the personal change that has resulted subsequent to Clarke's suicide. Jennifer made it clear that Clarke's death was not in vain, that a lot of good has come from his death and that she is not the same person. In her own words, she has become a "compassion ambassador" (p. 83-84). This is clearly evidenced in the work Jennifer has done to help other survivors of suicide. Jennifer co-founded a support group for suicide survivors, has spoken on television about her experience, and in the future would like to take the message to the schools that suicidal ideation should be taken seriously (p. 83-84). Though this brief description gives some sense of what she has done, it is difficult to convey in a short space the energy and scope that Jennifer brings to her quest to help others. Jennifer does not want Clarke to disappear from memory (p. 71).

In addition to Jennifer's efforts to help others who are either suicidal or have been effected by suicide, Jennifer also speaks of certain gifts that have followed from Clarke's death. To her, Clarke has bestowed the gift of finally being able to stand up

and assert her right to look after her own needs, and not always live in service of other people's desires (p. 71-72). And to the people to whom Clarke's corneas were donated, he has bestowed the gift of sight (p. 74-75).

From David's story comes a very dramatic and emotionally stirring account of personal transformation that awakens the reader from the sleepiness of everyday routine and reminds us that there are but a few things in life that really matter: "When you see your daughter lying on a bed dead, what else matters anymore?" (p.128). Indeed David says that he is no longer the same person he was prior to Jocelyn's death. For David, there has been a fundamental shift in values. Where once it was important to make money and gain material possessions, such goals have since been rejected as empty and meaningless (p. 127). Though David did not mention undertaking activities directly related to helping others in the same manner as the other participants in this research have, he has in his own way, despite being a private man, come forth to share his story so as to help others affected by suicide. This he has done by participating in this research and by telling his story in a feature length newspaper article. As did Jennifer, David also recognizes the good that has come from Jocelyn's death, an example being the work his wife has done providing help to other survivors of suicide (p. 134). Today David's belief is that we are all put on this earth for a reason and that perhaps Jocelyn's reason was to help bring awareness to suicide so that other people might be saved (p. 134).

These stories tell of the need for suicide survivors to ensure that their family member's death was not in vain, that some greater meaning is to be found from their loss. Such stories are marked by the realization that not all aspects of the suicide bereavement are necessarily negative, but that some may be life-affirming. The notion that the experience of surviving suicide may involve positive elements is generally not included in prevailing views of suicide bereavement. Consider for example the Grief Experience Questionnaire developed by Barrett and Scott (1989). Though it is described as an instrument that is designed to "Specially measure individual grief elements common within the experience of suicide survivors" (p. 210), not one of its 55 test items refer to any type of positive experience associated with bereavement. The findings from the four suicide survivors interviewed in this study suggest that the lives of the bereaved change in very fundamental and profound ways following the death of a family member to suicide, and this change can have positive as well as negative attributes.

Indeed the way in which the lives of those bereaved to suicide change following their loss may throw into question society's accepted knowledge of what it

means to recover from suicide bereavement. Two of the participants in this study spoke of the absurdity of the magical "one year and you're healed" assumption (Jennifer's story, p. 83; David's story, p. 127). But their testimony of the experience of suicide bereavement goes beyond just quashing the one year assumption. My understanding from listening to the participant's stories, especially those of Jennifer and David, is that there is no ending to the bereavement story. It is not something that you recover from, resolve, or get over. When you lose a loved one to suicide you become a different person; It is as if the loss become a part of who you are, a part of your self identity, and that this is not necessarily be a bad thing. Suicide bereavement is indeterminate:

> It's just something that...you just roll along and see what happens. I have no idea. I really don't. I don't know where I'm going to go, I don't know what I'm going to do, I don't know....I don't know how this whole thing is supposed to turn out. I've never done it before. I don't know if anybody can actually tell me how it's supposed to turn out. I don't think there's a recipe for it and it just happens. I think there are certain things you can do to try to help different issues in your life or deal with different issues, but as far as the actual bereavement process, what I'm supposed to do next, I don't know. The only thing I know for certain is I'll never forget Jocelyn, I'll never stop thinking of her. I'll be grieving for the rest of my life. I will literally. If that's what they call it, that's what I'll be doing (David's story; p. 135-136).

Thus, the findings of this research support the notion that the conception of someone "recovering" from suicide bereavement in the normal sense of the word is perhaps misleading. The fact that a suicide survivor's bereavement has no identifiable end point does not mean that a survivor is experiencing disturbed grief, complicated grief, or pathological grief as some authors name it. What it means is that their lives will be different from here on in -- different from those who have not lost a loved one to suicide. Thus contrary to what has been written (Farberow, 1991; McIntosh, 1993) I believe that in reading these stories it becomes clear that the experience of surviving suicide is qualitatively different from the experience of surviving other modes of death. This is not to diminish the devastation that accompanies bereavement following other modes of death, but to say there are differences for individuals who have lost a family member to suicide.

Though I have taken aim at suggesting it is important to privilege the positive stories that the participants in this study have told about their loss, it is still very clear that they have faced some very difficult and painful aspects of suicide bereavement. To this end, each of the participants in this research spoke of things that were helpful to them as they struggled to work through the distressing aspects of their loss.

For David, one of the most helpful things during the early part of his bereavement was receiving compassion and understanding from other people who knew what it meant to lose a child to suicide (p. 126). Jennifer also strongly attested to the value of connecting with other suicide survivors subsequent to her loss, and in addition spoke of the extreme value of self-forgiveness as a therapeutic process. To be able to accept that she wasn't a perfect mother -- that indeed no parent is perfect -- and that she did not personally cause her son to complete suicide, was instrumental in unburdening herself from the debilitating effects of self-blame and guilt. In her story, Jennifer gave a powerful account of how she accomplished this through self-forgiveness (p. 81). To my knowledge, self-forgiveness as a healing process from suicide bereavement has not been extensively written about. Though suffice it to say that at least one helping professional has advocated its use because it was suggested to Jennifer by a minister who has created an audio-taped self-help program for those bereaved from suicide.

A therapeutic task that helped Angie overcome the anger she felt toward her sister following her suicide involved a symbolic "letting go" exercise. This type of therapeutic task is commonly recommended in the grief counselling literature. For such a task to be helpful, Angie stressed the importance of timing -- one needs to have a strong sense that they are ready before undertaking such a task (p. 58).

For Gail, humour and doing good things for others were ways that helped her traverse the bereavement process. Gail was also mindful of the benefit of remembering and talking about the positive attributes of her sister, as opposed to always focusing on her mental health problems (p. 109).

One thing that was common to at least three of the four stories presented in this research was the benefit of hearing about the experience of other survivors of suicide. Jennifer, Gail, and David all found it very helpful to learn from other survivor's accounts of bereavement that there reactions were normal, and that no, they were not "crazy". This was achieved through contacting (or in Jennifer's case, forming) different organizations or groups that specialized in suicide and bereavement issues. The worth of having compassionate others available to talk to is doubly important when one considers that often one's normal support network is unwilling

to help because they are either uncomfortable with the subject of suicide or have grown tired of hearing about it. This seemed to be the case with Jennifer's extended family who made it quite clear that they did not want to hear about her loss anymore (p. 82). Knowing that this is a need of suicide survivors, it is my hope that research such as this, which presents holistic accounts of suicide bereavement, may be used to normalize the experience by displaying how people with lives very similar to their own have dealt with their loss.

Conclusion

My hope is that by presenting these four stories the reader, be they a fellow researcher, a survivor of suicide, a grief counsellor, or anyone who is interested in the topic of suicide bereavement, will learn more about what it is like for an individual to experience the loss of a family member to suicide. Upon stating this, there are some critics who will abruptly raise a hand and say, no, you cannot make such generalizations based on a sample size of four participants. True -- if as a researcher one is working within the confines of a very narrow and specialized scientific definition of generalizability. Kvale (1996) makes the point, and I think it is well grounded, that as human beings we constantly engage in the act of generalization. That such a process is a cognitive heuristic that allows us to make decisions and form opinions when confronted with novel situations (which if taken to an extreme position, amounts to every situation we encounter, as every moment is a new moment in some way different from the last). If this be the case, why so much apprehensive over making generalizations from one qualitative account of experience to another? In fact, I argue that there is greater validity in making generalizations from one case to another case based upon rich and full narrative accounts of human experience, than there is in making sweeping non-specific generalizations relying upon variables "operationally defined a priori by "experts" in the field. As previously mentioned, Connelly and Clandinin (1990) write: "It is the particular and not the general that triggers emotion and gives rise to...authenticity" (p. 8). Thus it is the details of lived experience that allow human beings to make informed and meaningful generalizations, not vague and general categories of experience.

The stories presented in this research are quite long, and though I could have shortened them by including only the story of self, I chose not to. The advantage of presenting all three stories -- the story of self, the story of the self in relationship with the deceased, and the story of the deceased, is that more is learned of the historical

and contextual antecedents that led to the current behaviour -- the causal connections are made known. A good example of this can be seen by examining Jennifer's story. In Jennifer's story of Clarke it was learned that minutes prior to ending his life, Clarke was on the phone to a girl trying to set up a date -- unusual behaviour for someone about to attempt suicide. Without this knowledge, just knowing in Jennifer's story of self that she engaged in a lot of questioning behaviour following Clarke's death, might lead one to any number of conclusions about this behaviour, none of which would be in synchrony with the causal narrative strands that are made known through the presentation of the whole story. From knowing Jennifer's story of Clarke's, Jennifer's story of self becomes much more understandable.

It may have been desirable in this research to have conducted my interviews using a structured interview with items drawn from the existing literature. This way I would have systematically broached some very interesting and pertinent topics regarding the bereavement experience following suicide, that in the present study were not really touched upon. For example, there are some who say that survivors of suicide feel great personal rejection following death by this manner (e.g., Pritchard, 1995). Had I specifically asked my participants "Did you feel rejected by your family member's suicide?" I would undoubtedly have obtained some additional and perhaps very useful information. The drawback of using such an approach, however, is that adherence to a structured interview guide may have precluded some of the other stories from being told. A good example is the discovery of how the lives of suicide survivors can change in positive ways through the bereavement process.

It may also have been desirable to have included in this research a comparison group consisting of the stories of participants who are bereaved from other modes of death. This I can see as a limitation when trying to assert that bereavement following suicide is qualitatively different from bereavement following other modes of death. Another limitation of this study, especially a study that purports to provide the temporality of lived experience, is that I only interview my participants once. I wish it could have been more. One final limitation in this research is that for my first to participants I specifically asked about experiences of guilt following the suicide of a family member, where as for my last two participants I did not. This may have led my first two participants to speak more of this experience than the last two.

It is important to note that I do not suggest that the stories presented in this research represent definitive or all encompassing accounts of the experience of surviving suicide. Every telling of a story necessitates that some aspect of experience

will be emphasized, and others not. And thus of course, if something is left unsaid, it does not mean that it does not exist. As Riessman writes: "All we have is talk and text that represents reality partially, selectively, and imperfectly" (Riessman, 1993, p. 15).

It is my belief that this research has demonstrated the utility of using a narrative methodology in the study of human meaning and lived experience. More specifically, as a research method for examining suicide bereavement it has allowed for a fuller and richer portrayal of surviving suicide and in doing so has added valuable information to the literature base. It is a respectful and trustworthy approach that holds in high regard the willingness of individuals to come forth and tell their story, retaining its integrity by leaving it intact. Future research could beneficially be directed toward examining the stories of other suicide survivor groups such as spouses, children, and close friends. These could then be used for comparison purposes across different survivor relationships. Another useful research activity would be to compare the stories of parents who have lost a child to suicide, with parents who have lost children to other modes of death. This would be in response to what was learned from David, whose view was that suicide is just the act -- that losing a child by any means is a devastating and unfathomable experience for the parents who are left behind.

Epilogue

I am extremely grateful to each of the four participants who courageously stepped forward to tell their story. Though their loss has been great, they cared enough to share their stories in the hope that doing so might help others who suffer the loss of a loved one to suicide. I share this hope. It is with great respect and admiration that I say to my participants -- thank you, thank you so much for taking part in this research.

Throughout the past year that I have been working on this thesis people would often inquire into my topic of investigation. Upon hearing that I was researching suicide bereavement many would respond with "How depressing" or "Wow, what a heavy topic." This was not, however, my experience. For me there was something very uplifting about hearing my participants' stories. Of course this was not in direct relation to the tragic loss that my participants had suffered -- for this I certainly felt a very deep sadness. But at the same time I couldn't help but be swept over by a profound feeling of there being something larger, something more meaningful about all this. It was as if the stories of loss had somehow jolted me away from the muddiness of everyday living into an awareness of how petty so many day-to-day worries are. What is all this for! These people that I talked to have lost their family members to suicide. Living, breathing, walking, talking, laughing, crying... it has all ended. Now just the echoes and shadows of imagination and memory remain. What does getting stuck in traffic mean when your son, daughter, or sister has killed herself. What really matters in this life?

Jennifer: "When I go in his room its the roar of the quiet...the silence that can't be filled.."

Gail: "[Crying here] She shouldn't have had to die in that room alone. That was an awful hotel. I wish....I wish it would have been in a hospital or something that she could have been in. Not there by herself."

Angie: "I remember while in high school sitting in bed with her and she's trying to keep herself from being ruined and trying to keep herself alive, sitting there with her head in my lap, staying with her in the dark while she sleeps for an hour or two - or until she falls asleep."

David : "When you see your daughter lying on a bed dead, what else matters anymore?"

Perhaps I have lost my focus...Perhaps I have moved from the empirical to the poetic...Perhaps Camus was right.

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Appendix A

Sample Questions for the Semi-Structured Interview

General Information questions:

- What is your relationship with the deceased?
- What is your age and occupation?
- Who else was left behind as survivors?
- When did the suicide occur?

Historical Questions:

- How would you describe your relationship with deceased prior to the suicide?
- Is there ant historical information regarding your relationship with the deceased that you feel has had a significant impact upon you reaction to the suicide?
- What were the events leading up to the suicide?
- Where do you situate yourself in the events leading up to the suicide?

Survivor Experience Questions:

- How did you learn of the suicide and what was your initial reaction?
- How did others react and how did their reactions impact your experience?
- To the extent that you are able, please describe your grief process from the time of the death to present.

Experience of Guilt Questions:

- Please describe your experience of suicide survivor guilt.
- When did the feelings of guilt begin to surface?
- When were they most intense?
- Did these feelings come and go? Or were they with you pretty much all the time?
- Were there any physical experiences that accompanied feelings of guilt?
- Did any other emotions typically accompany feelings of guilt?
- Do you think that the events leading up to the suicide had any impact on your experience of guilt? If so, how?
- Do you think that your specific relationship with the deceased had any impact on your experience of guilt? If so, how?

Healing Questions:

- What term or terms do you use to describe how you have dealt with the grief experience following the suicide in general? What has been the process?
- What term or terms do you use to describe how you have dealt with feelings of guilt more specifically? What has been the process?
- What do you think is important for other survivors to know about the grief process following the death of a loved one to suicide?

APPENDIX B

September 4, 1997

Hi ------,

Enclosed is the story of your experience of losing Jocelyn to suicide that I have written based on our interview. This story, along with the stories of four other survivors of suicide, will be presented in the main body of my thesis. I'm handing it back for you to look over, so as to ensure that it is a good representation of your experience. Some things you might like to consider while reading it include:

- Are the facts as I have presented them accurate?
- Have I missed out any important aspects of your experience?
- Have I over- or under-emphasized any aspects of your experience?
- Is there anything else you would like to add that would give the reader a better understanding of what your experience was like?
- What is your overall impression of the analysis of our interview?.

One other thing I need you to do is provide pseudonyms for all real names that have been mentioned in your account. This is to protect that anonymity of everyone involved. Just make up any name you like that is obviously different from the original. This is something that is required by the university's ethical guidelines for research. If you would like me to make up names, that is okay as well (I'm just a little concerned that I might choose a name that has negative connotations for you).

I should also mention that if there is any information contained in your story that you wish to have removed - for any reason - just indicate this on the document and I will remove it for you.

Thanks again for your participation. As has been the case with all of the participants' stories in this research, yours truly is a very moving story that I think by being told, will come to help others who have had an experience similar to your own.

Sincerely,

PS If you have any questions at all, please give me a call at 437-6269 -- Thanks!

I have enclosed return postage for you to mail your feedback back to me. My address is on the envelope.

...Thanks again, Simon

Appendix C

Informed Consent For Participation

You are being asked to participate in a research study titled "The Experience of Guilt Among Survivors of Suicide". As the title suggests, the purpose of this research is to gain a greater understanding of the experience of guilt among survivors of suicide. Past research has found that guilt is a very common reaction for those who have had someone close to them commit suicide. What this research fails to provide is an in-depth description of what this guilt is like or how survivors eventually deals with it. By participating in this research you will provide key information that will be of help to other researchers in the field, to professionals who work with survivors, and to the many other survivors who have shared similar experiences.

Your participation will involve two two-to-three hour audio-taped interviews spaced about ten days apart. These will be arranged at your convenience. In the first interview you will be asked to provide your description of what the experience of guilt was like for you. The second interview will be used to clarify information gained from the first interview, and/or add any new information that may have realized subsequent to the first interview. A portion of your time will also be required to read and provide feedback on the accuracy of tape transcriptions and appropriateness of interview analysis.

As a participant you are entitled certain rights. These include the right to withdraw from the study at any time without explanation and the right to have all personal information kept strictly confidential and anonymous. You also have a right to know of any risks that may be involved in participating the study. No such risks are anticipated in this study over and above the sometimes emotional nature of telling your story. You are likely already aware of this possibility, if you are not, please be advised that the interview process may bring forth strong emotions.

Do you have any questions? If you do not and would like to participate in the study please sign below. This indicates that you have read and understand the above rights and provisions of consent. If at anytime throughout participation you have further questions please feel free to contact me (Simon Nuttgens) through my supervisor:

Dr. Barbara Paulson
Department of Educational Psychology
6-110G Education North
University of Alberta
Phone: 492-5298

Signature_____ Date_____

Investigator_____ Date_____

Please place your initials here acknowledging receipt of a copy of this consent form _____